CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

RP 21907

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23007

FORM RK-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer, Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B.	C.
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Polaroid + 1 positive for hospital

C P Force Records Management Officer 3/18/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~OCT~~ 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gilbert Somerville

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } F

Age, 87 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~Married, Single,~~ Widow ~~or Widower,~~ { Cross out the word not required in this line. } Wid

Occupation, None

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give street and number } Aged Womens Home

Cause of Death, { First, (Primary,) Senile Decay

Second, (Immediate,) .....

Duration of last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co. Md.

Date of Burial, 8th Oct. 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

Geo. Lapsley M. D.
Medical Attendant.

Address, 1 Wash. Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-... forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...NY & CO. CITY PRINTERS AND STATIONERS.

2347 Transcr

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37802 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Dolan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 2 Lemmon

Cause of death, First, (Primary,) Remittent Fever

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 7th 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Edwd F. Buckler M. D.,
Medical Attendant.

Address, 283 W. Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57803

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE OCT 7 1887

CERTIFICATE OF DEATH.

Date of Death, October 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann D. Gobbinghorst

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} N. W. corner Barre & Eutaw Sts.

Cause of Death, First, (Primary.) Abscess of the liver

Second, (Immediate.) Perforation into the peritoneal cavity

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 9th

Henry Lehzer M.D.,
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 131 Hanover St *Address,* 163 W. Lombard St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Charlotta Robinson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 10 weeks *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 17 Mechanic Court

Cause of Death, First, (Primary,) Asthenia

Second, (Immediate,) .....

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 7 1881

Undertaker, Wm J Burge

Place of Business, 62 East St

G. A. Moale M. D.
Medical Attendant.

Address, 152 St Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

A. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 57805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. L. Aisleu

Sex, Male ~~or Female~~; {Cross out the word not required in this line.}

Age, 56 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~; {Cross out the words not required in this line.}

Occupation, Carpenter & Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co. Md. During his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77 N Pine

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Octo. 9th 1881

Undertaker, Thos. S. Hughes

Place of Business, 605 Bond St.

Henry M. Nelson M. D.
Medical Attendant.

Address 257 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Physicians on Back of this

Board of Health, City of Baltimore,

Permit No. 37806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Krause

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 9 *Years,* 7 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 116 Pennsylvania Ave.

Cause of Death First, (Primary,) Typhoid

Second, (Immediate,) fever

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 7th 81

Undertaker, Philipp L. Dill

Place of Business, 183 Columbia Ave

Geo. Leuch M. D.
Medical Attendant.

Address, 93 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 51807 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th. October 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Lange

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* " *Months,* " *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Salzdetfurth, Hannover, Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number.} S. Bond Street 232.

Cause of death, First, (Primary,) Malaria

Second, (Immediate,) Typhoid

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 9th 1881.

Undertaker, Leonhard & Kurtz

Place of Business, S. Bond St. 277.

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfert 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5 1808 *Office of Registrar of Vital Statistics.* Ward 6 F

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Watts (Mother)

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/24 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 8. Owens St

Cause of death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, E Public Cem

Date of Burial, Oct 7th 1881

Undertaker, Pat Mullin

Place of Business, S. P. Parkway

Thos A Kenny M. D.,
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Executed by Robt P Smith

[over.]

Board of Health, City of Baltimore,

Permit No. 51809

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwd Coluhan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Livery Business

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 112 Preston St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cancer of Stomach

Duration of Last Sickness, indefinite

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, October 8th 1881

Undertaker, Chas T. Spencer

Place of Business, 271 N Eutaw *Address,*

D Sullivan *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 1 8 1 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizie Cecelia - Caldwell

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 36 *Years,* — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single - Lizie of Charity

Occupation, Religious

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Harpers Ferry W. Va

Duration of Residence in the City of Baltimore, about 1 year

Place of Death, {Give street and number} St Joseph's House of Industry Cor Carey & Lexington St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Hectic Intermittent

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct. 8 1881

C. H. Laeln M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Address, 543 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Coyne

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} No. 3 Sterett St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cancer of Bowels, Three Week

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dennis Brae Cemetery

Date of Burial, Oct 8th 1881

Undertaker, John A Bachus

Place of Business, No 150 Camden

James Bacon M. D.
Medical Attendant.

Address, 132 Barker Pr Argyle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 51812

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas L. Lambdin Fannie T. Lambdin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 193 S Caton Av.

Cause of ~~Death~~, First, (Primary.)

Second, (Immediate.) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 9 1891

Undertaker, L. F. Straus & Co

Place of Business,

R. J. N Tall M.D.,
Medical Attendant.

Address, 182 Shark St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balti...

Permit No. 37813

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Easton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about Twenty one 70 *Years,* *Months,* *Days.*

Color, col

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Waggoner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Easton Talbot Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Half Moon Alley No 2

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Six Month two months helpless

All the above information should be furnished by the Physician.

Place of Burial, E. Pul Cemetery

Date of Burial, Oct 8th 1881

Undertaker, Pat Mullin

Place of Business,

E. C. Baldwin *M.D.,*
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57814

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lozzie Granville

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 2418 Wolfe Street

Cause of Death, First, (Primary.) Run over by reckless careless-

Second, (Immediate.) ness of Driver of Wagon

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Oct. 8th 1887

Undertaker, F. C. Schuh

Place of Business, 266 Alice Ann *Address,* 67 E Balto Street

Chas A. Morfit M.D.,
Corner Ed
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51815

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hurley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 (?) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland (?)

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Pernicious Remittent Fever

Second, (Immediate.) Ex hemorrhagia

Duration of Last Sickness, In Hospital 8 hours

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Oct 8th 1881

E. J. Kelly M.D.,
Medical Attendant.

Undertaker, Pat Mullen

Place of Business, ———

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5/816 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1861 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th. October 1861.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Therese Elisabeth Tuder

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number. } E. Caroline street 352.

Cause of death, First, (Primary,) Hydrocephalus chronicus

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 9th 61

Undertaker, M. France

Place of Business, 280 Eastern

William Henkel M. D.,
Medical Attendant.

Address, E. Wolfert's Hy

Over

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57817 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ 7 - 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonora Neuberger

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 11 *Months,* 14 *Days.*

Color, Wh

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number.} 125 Fairmount Ave

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, October 10th

Undertaker, H. Diffenderffer

Place of Business, S. Bond st. 151

F. Hutchins M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57818 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Debia H John Francis Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 123 S. Exeter St

Cause of death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 8 "1881

Undertaker, W. Deppen

Place of Business, S. Bond St

Thos H Ellis M. D.,
Medical Attendant.

Address, Commissioners Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore. Registrar

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th Oct. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilford Garfield Espey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 18 days *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 502 E. Fayette St.

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, M.E. Cem. Phila Road

Date of Burial, October 8th 1881

E. J. Bons M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Address, 374 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 57820 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Dora Gibbons

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 109 Cookin st

Cause of death, First, (Primary,) Always very delicate - badly nourished

Second, (Immediate,) Scrofula (mass of Sores)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, October 2nd 1881

Undertaker, M. A. Saiger

Place of Business, 74 S. Howard

E W Lamey M. D.,
Medical Attendant.

Address, 260 E. Baltimore Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1821 *Office of Registrar of Vital Statistics.* Ward 16-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizn Parry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 52. S. Peters

Cause of death, First, (Primary,) Chronic Intestinal Catarrh

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, October 9th 1881

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw

Edwd F. Nicholson M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51822 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Krozdas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 249 N Durham St

Cause of death, First, (Primary.) General Dropsy

Second, (Immediate,) —

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cemetery

Date of Burial, Oct 9th 1881

Undertaker, Adam Fink

Place of Business, 461 N Gay St Address, 474 N Gay St

J. W. Slater M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51823. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Ebu = (Parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1 ½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~ ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63. Pansay St

Cause of death, First, (Primary,) Premature

Second, (Immediate,) Ignanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 9 - 1881,

Undertaker, Philip J Nell

Place of Business,

James A Steuart M. D.,
Commissioner of Health
Address, City Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1 8 2 4 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North-Carolina

Duration of Residence in the City of Baltimore, 15 years -

Place of Death, {Give street and number.} 134 h Durham p -

Cause of death, First, (Primary,) Tubercular Consumption

Second, (Immediate,)

Duration of Last Sickness, 10 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 9. 1881

Undertaker, Charles A White

Place of Business, 35 Granby st

of Wm E. Russell

per E. H. Taylor M. D.,

Medical Attendant.

Address, 231 n Broadway -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 37825

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Behot

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 16 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 439 Eastern Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 9th 1881

Undertaker, Elisha Cox

Place of Business, 8486 Bank St

Address,

..... *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51826 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. M. Luber.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *10 Months,* ..... *17 Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 166 William St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Meningitis

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetry

Date of Burial, October 9

Undertaker, B. Hartle

Place of Business, 82 W[illegible] *Address,* 152 S. Sharp St.

R. J. N. Tall *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51827 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 8 1881 BALTIMORE

Date of Death, October 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. Hart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* *Days.*

Color, White,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} Corner of Pratt & Eddington Aven

Cause of death, First, (Primary,) Cancer of Stomach & Liver

Second, (Immediate,) old age & Prostration

Duration of Last Sickness, Don't Know but 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 9th 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,*

J. Ridgway Andre M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 57828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 8 1881 BALTIMORE

Date of Death, Oct 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Lee

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, abt 56 *Years,* — *Months,* — *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Millers Wharf

Cause of Death, First, (Primary,) Accidentally Drowned

Second, (Immediate,) 3. V

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Oct 9th 1881

Undertaker, Sam'l P Chase

Place of Business, 175 S Howard

Chas. M. Wood M. D.
Coroner Eng
Medical Attendant.

Address, C/H Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANY & CO., CITY PRINTERS AND STATIONERS.

[ov...

Board of Health, City of Bal

Permit No. 51829

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Friday Oct 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Myers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

HEALTH DEPARTMENT OCT 8 1881 BALTIMORE

Age, 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} 3 Constitution St.

Cause of Death, First, (Primary.) Tuberculosis -

Second, (Immediate.) Tuberculous deposit & perforation of bowels

Duration of Last Sickness, Four Months -

All the above information should be furnished by the Physician.

Place of Burial, Mount Ver Cemetery

Date of Burial, Oct 9th 1881

Undertaker, Benj W. Chase

Place of Business, 178 S. Howard St. *Address,* 57 N Calvert St.

A Shirley *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 51830

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 7 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Allen Roberts

Sex, Male ~~or Female~~. {Cross out the word not required in this line.} Male

Age, 9 *Years,* ~~Years~~ *Months,* 12 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} No 44 Hanover Street

Cause of Death, First, (Primary.) Malignant Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Oct 10 81

Undertaker, Amelung & Dawson

Place of Business, No 263 Light St

Geo A Hartman M.D.,
Medical Attendant.

Address, 308 Washington St

OCT 8 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Ba[illegible]

Permit No. 51831

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Walsch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 0 *Months,* 0 *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 109 Dolphin St

Cause of Death, First, (Primary.) scarlet fever (malignant)

Second, (Immediate.) convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral *Date of Burial,* October 8th 1881

G Lane Tanyhill *M.D.,*

Medical Attendant.

Undertaker, Chas. F. Sommer

Place of Business, 211 N Eutaw St *Address,* 129 N. Biddle.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51832 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Newell Wadleigh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} xxx

Occupation, xxx

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 55 S. Durham

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Co.

Date of Burial, October 9th

Undertaker, H. Diffel

Place of Business, 1 Bond st. 151

Jno E. Donnelly M. D.,
Medical Attendant.

Address, 227 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57833

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 8 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Hannin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House - wife —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland - In U. S. 33 yrs

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number.} No 50 Davis St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 9 1881

Undertaker, James D. Byrne

Place of Business, No 63 N. Front St.

O. J. Causbury *M.D.,*

Medical Attendant.

Address, 188 N Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 51834

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 8 1881 REGISTRATION DISTRICT

Date of Death, October 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Carter

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 298 Ramsay Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Malignant Diphtheria

Duration of Last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 9

Undertaker, J B Cook

Place of Business, 707 W Pratt Balto

W. R. McAnew M.D.,
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57835 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1801 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Coral Asher

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give street and number.} 22 N. Grant St.

Cause of death, First, (Primary,) Syphilis

Second, (Immediate,) Peritonitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mass Station

Date of Burial, Oct 10 1887

Undertaker, Fry & Sons

Place of Business, 814 Broadway

G. G. Lusk M. D.,
Medical Attendant.

Address, Balto. & York. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 51836

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE OCT 1881

CERTIFICATE OF DEATH.

Date of Death, October 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Campbell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* Two *Months,* ——— *Days.*

Color, Colored

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 126 Plum al.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) E[illegible]lantum

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laural cemet[illegible]

Date of Burial, 9 Oct- 188[illegible]

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta

DrLaucy H Barck M.D.,
Medical Attendant.

Address, 47 Cornaga St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 51887

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

...ENT OF PUBLIC ... HEALTH ... OCT 5 1887

CERTIFICATE OF DEATH.

Date of Death, Oct. 8/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Reynolds

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* - *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ellicott city md

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 16 East St

Cause of Death, First, (Primary.) Cancer of womb

Second, (Immediate.)

Duration of Last Sickness, 6 yr

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct. 10th

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

R. W. Mansfield *M.D.,*

Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 51838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Pinkett

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 6 Corlton St

Cause of Death { First, (Primary,) Chronic Atrophy
, Second, (Immediate,) Asthma

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 9

Undertaker, Hercules Ross

Place of Business, 94 Conway St

D. E. Atkinson M. D.
Medical Attendant.

Address, Balto Infirmary Dis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 51839

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antone Kedinaw

Sex, Male or Female, {cross out the word not required in this line.} Male, Kytina

Age, 49 *Years,* 6 *Months,* ... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Restaurant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 62 Fermount Ave. Fairmount Ave

Cause of Death { First, (Primary,) Catzenor[illegible] Marasmus
Second, (Immediate,)

Duration of last Sickness, 4. Months in the Hospital

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 10th 81

Undertaker, Mr. Stone

Place of Business, 280 Canton Ave

John M. D. Lanette M. D.
Medical Attendant.

No. 88 E. Lombard St.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the ...nty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1 8 4 0 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Andreas Johann Ruppel Oct. 8 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Johann Ruppel

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 166 Sarah Ann

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Aspharins

Date of Burial, Oct 10th 1891

Undertaker, P. Kammerer

Place of Business, 317 Mulberry st

Louis C. B. Mohr M. D.,
Medical Attendant.

Address, 226 Lombard?

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51841 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bauer

Sex, ~~*Male, or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 67½ N. Chapel St

Cause of death, First, (Primary,) Old Age

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 10th 81

Undertaker, W. France

Place of Business, 280 Canton Ave

James A Lewis M. D.,
Comm. of Health Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Bevis Dixon & Co. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5 1842 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Warner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Labourer at Chrome Works

Birthplace, {State or country, and how long in the United States, if of foreign birth.} London

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 90 Central Avenue South

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 10th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay st

James E Dunn M. D., Medical Attendant.

Address, 996 Gusdon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Watkins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* Eight *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 85 Watson St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 85 Watson St

Cause of Death First, (Primary,) Can't say exactly but Sustained Congestion

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Oct 9th

Undertaker, Theodore J. Locke

Place of Business, 72 N. Jefferson St *Address,* 169 Back St

A. J. Foard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57844 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Ashton Ziegler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Three *Months,* Four *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 20 Albemarle St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Ft. Retreat

Date of Burial, Oct 9.

Undertaker, Walter Emmel

Place of Business, 315 W. Biddle

Walter R. Way M. D.,
Medical Attendant.

Address, 3 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 18 45 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 9 1881

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Heakman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 216 Aliceanna St.

Cause of death, First, (Primary,) Internal convulsions

Second, (Immediate,) following Inflammation, Diarrhoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 10th October 1881.

Undertaker, Leonhard Kurtz

Place of Business, 222 S. Bond St. } John H. Rehberger M. D., Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51846

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 8, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Russell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 430 W Fayette St

Cause of Death, First, (Primary.) Bright's Disease and

Second, (Immediate.) Paralysis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 10th 1881

Undertaker, Jos. B. Scott

Place of Business, No 707 W Baltimore Street

L. Shelton Hill M.D.,

Medical Attendant.

Address, 432 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 51847

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th Oct. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Beaumont

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* three *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore county.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 82 S. Stricker.

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Oct 10th 1881

Undertaker, Jos. B. Coale

Place of Business, 1707 W. Baltimore Street

L. G. Leuteum M.D.,
Medical Attendant.

Address, 582 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57848

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE OCT 15 1881

CERTIFICATE OF DEATH.

Date of Death, October 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Funk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 35 Bank St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Congenital occlusion of intestine.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus &c.

Date of Burial, October 9th

Undertaker, Michael Funk

Place of Business, No. 35 Bank

A. F. Erich M.D.,
Medical Attendant.

Address, 94 E. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 57849

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday, Oct 8th 1881,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Cummingham

Sex, Male or Female, {cross out the word not required in this line.} ~~Fem~~ Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} # 64 McKim St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, ~36 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Oct 10th

Undertaker, H. C. Medairy

Place of Business, 90 Greenmount Ave

Wilmer Dintow, M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

...LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balti...

Permit No. 51850

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT OCT 10 1881 BALTI ORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Oct 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Fisher

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Boarding House Keeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number. } 18 Booth St

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid Malarial Fever

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 10 1881

Undertaker, E A Garman

Place of Business, 58 East ... *Address,* 57 ½ Calvert St

E Wolch *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rawlie McC. Nelson,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ... 9 *Months,* ... *Days.*

Color, White *Sex,* F.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Alexandria, Va

Duration of Residence in the City of Baltimore, Seven mos.

Place of Death, { Give street and number. } 182 N. Fulton Ave

Cause of Death, { First (Primary,) Entero-Colitis
Second (Immediate,) Spurious Hydrocephalus

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 10th 1881

J. L. Ingle M. D.
Medical Attendant.

Undertaker Stewart & Mowen

Place of Business, 35 Park Avenue *Address* 247 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51852 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Sanders

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 47 James alley

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 10

Undertaker, H Brieler

Place of Business, Marietta St 81

Theodore Cotte M. D.,
Medical Attendant.

Address, 146 Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Stewart,

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 62 *Years,* 7 *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County Md

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} Paca & Fremont Sts

Cause of Death, First, (Primary,) Anthrax

Second, (Immediate,) Exhaustion

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Octr 10th 1881

Undertaker, John Thacker

Place of Business, No 150 Camden

J. H. Gunby M. D.
Medical Attendant.

Address, 76 Paca Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 51854

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH BOARD OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Deems

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* five *Months,* 27 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 113 Ridgley St

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 10th 1881

Undertaker, John Thacher

Place of Business, No 150 Cumb

A. W. Cotton M.D.,

Medical Attendant.

Address, 3.58 Fulton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51853 *Office of Registrar of Vital Statistics.* Ward 8 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1894 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Baldeles-

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years. 4 Months. 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 159 Greenmount Ave

Cause of death, First, (Primary,) Artificial Feeding

Second, (Immediate,) Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Oct 10th

Undertaker, Geo Schilling

Place of Business, *Address,*

Wm Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5/8356

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark Young Kendall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 406 Eastern Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Spasms

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Boltimore Co

Date of Burial, Oct 12

Undertaker, J. Dizel

Place of Business, 19 Bond 157

..... *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57837 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine E. [illegible] Frank

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* — *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 97 S. W. Washington

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct 11, 1881

Undertaker, Henry Hirsh

Place of Business, 309 Central Ave.

S. Trostler M. D., Medical Attendant.

Address, 1731 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1858 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Louise Maria Wilzke October 10th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Maria Wilzke

Sex, Male or Female, {Cross out the word not reqnired in this line.}

Age, 36 *Years,* 6 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Month 9 days

Place of Death, {Give street and number.} 8 Payson

Cause of death, First, (Primary,) Gestation.

Second, (Immediate,) Albuminuria

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 12th 1881

Undertaker, J. H. & C. Burke

Place of Business, 1 Fremont Ave

Louis C. Horn M. D.,
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57859

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Emma Mister

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *16 Months,* —— *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 467 East Lombard St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md

Date of Burial, October 10th 1881

Undertaker, M. A. Daiger

Place of Business, 714 S. Broadway

Jno C Benning M. D.
Medical Attendant.

Address, Bridge & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2349 Barnett

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51860

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8. 1891

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Chew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ray Picker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 222 Burton ab

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart Disease

Duration of Last Sickness, a Month or two

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem

Date of Burial, Oct 10

Undertaker, John H. Howes

Place of Business, 152 Lee St

Alexander Tousley M.D.,

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT OCT 10 1901

Date of Death, Oct 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Marie Miller

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 95 E. Hall St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 E. Hall St

Cause of Death {First, (Primary,) Atelectasis

{Second, (Immediate,) Pulmonary

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 10

Undertaker, B Earle

Place of Business, 82 West St

Geo. H. Denson M. D.
Medical Attendant.

Address, 116 E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57862 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 10 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 9th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhardt Braue

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, four hours.

Place of Death, {Give street and number.} Locust Point St. Strasburg.

Cause of death, First, (Primary,) Inflamation of lungs

Second, (Immediate,) Oedeme pulmonum

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cem.

Date of Burial, October 10

Undertaker Henry Sander

Place of Business, 252 Canton Ave *Address,* St. Strasburg Locust Point

D. Dombrowski, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5/863

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th October 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas A. Garfield ~~Chester Arthur~~ Guiteau (Twin)

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ——— *Months,* 6 hours ~~Days~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md,

Duration of Residence in the City of Baltimore, 6 hours

Place of Death, {Give street and number.} 76 Front St

Cause of Death, First, (Primary.) Imperfect development

Second, (Immediate.) Premature births

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 10th 1881

Undertaker, J. B. Blackistone

Place of Business, Carey ~~&~~ 22

J. J. Smith M.D.,
Medical Attendant.

Address, 524 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5186 4. *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester A Arthur Green (Twin)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76 S. Mount St

Cause of death, First, (Primary,) Imperfect development

Second, (Immediate,) Premature Birth

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 10th 18

Undertaker, J B Blackistin

Place of Business, 22 Cary St

James A Steuart M. D.,

~~Medical Attendant.~~ Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 57865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoffman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number} 60 & Hart St

Cause of Death First, (Primary,) Asthma

Second, (Immediate,) Old age

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cemetery

Date of Burial, October 12th 1881

Undertaker, Adam Fink

Place of Business, 461 N Gay St, *Address,* 125 E. Centre St

Francis X Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Poiskay

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 5 6 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} 26 New Church St.

Cause of Death, First, (Primary,) Organic disease of the heart,

Second, (Immediate,) Syncope 5 days.

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 10 1881

James J Brown M. D.
Medical Attendant.

Undertaker, Patrick Mullin

Place of Business, Carrollton ave *Address,* 110 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57867

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 10 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Coldsborough

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wagon Driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number.} 57 Duck St.

Cause of Death, First, (Primary.) Cholera Morbus

Second, (Immediate.)

Duration of Last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 10th 1887

Undertaker, Theo J Locke

Place of Business, 418 Jefferson St

Rd Mansfield *M.D.,*

Medical Attendant.

Address, 447 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37868

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Blanche McCauley

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number.} 20 S. Carey St

Cause of Death, First, (Primary.) Typho Malarial Fever

Second, (Immediate.) Cerebral Congestion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct. 11 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

W. K. McShane M.D.,
Medical Attendant.

Address, 582 N. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 37869 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo. 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen M. Crowley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto - city

Duration of Residence in the City of Baltimore, 1. 8. & 1.

Place of Death, {Give street and number.} 260 S. Charles St.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Oct 10th 1881

Undertaker, E. F. Strauss

Place of Business,

R. C. L. 22 M. D.,
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57870

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OFFICE 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dalby Wingate

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* Four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs and 4 days

Place of Death, {Give street and number.} 135 Collins st.

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate.)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 12 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

E. Meierhof M.D.,
Medical Attendant.

Address, 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Pumphrey

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1 Rock St -

Cause of Death, First, (Primary,) Paralysis (Do not know history)

Second, (Immediate,) 2 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's St. Cemetery

Date of Burial, Oct 10th 1881

Undertaker, Wm. C. P. Chase

Place of Business, 1932 E. Monument St

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57872 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cornish

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Church St.

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemetery

Date of Burial, Oct. 11th 1881

Undertaker, S. H. Chase

Place of Business, 193 S. Howard St. *Address,* 202 Church St

C. W. S. Boozer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57873

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Hargdon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Widower

Occupation, Labory.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3[illegible] yrs

Place of Death, {Give street and number.} 50 Spring Road

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Church Cemty

Date of Burial, Oct 11th 1881

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

Geo. L. Kinnemon M.D.,
Medical Attendant.

Address, East Side

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51874 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 10 1887 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct. 8. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Buttingham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About one week

Place of Death, {Give street and number.} 220 Sharp St.

Cause of death, First, (Primary,) Typhoid Fever.

Second, (Immediate,) Asthenia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pcl. Cemetery

Date of Burial, Oct 10th 1887

Undertaker, F. A. Kirchner

Place of Business, S. Carrollton Av *Address,* 206 Sharp St.

W. S. Borde M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51875 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Butterbaugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty (20) *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, Nine (9) Months

Place of Death, {Give street and number.} 9 Barnes Court

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Hemorrhage

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, October 11th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St *Address,* 461 N. Gay St

C. W. Wilson *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 51876

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 10 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 499 Parish al

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 499 Parish al

Cause of Death, First, (Primary.) Hereditary Syphilis

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lamar Cemetery

Date of Burial, Oct 11

Undertaker, J J C Palmer

Place of Business, 341 Penn ave *Address,*

Alexander Duncan *M.D.,*

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5187 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Mitchell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, {Give street and number.} 337 Sarah ann St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Oct 10 1881

Undertaker, Wm P Kummel } Wm A Love M. D.,
Place of Business, ——— } Address, Commissioner of Health

Request

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Ex'd by D. V. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51878 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BOARD OCT 10 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Johns Mother

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 Dover St

Cause of death, First, (Primary,) Artificial Feeding.

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, Oct 10th 1881

Undertaker, F A Kershner

Place of Business, ~~~ *Address,* Comm of Health & Registrar

M. D., ~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd. D. Fitzpatrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 9[illegible]

Board of Health, City of Baltimore,

Permit No. 51879

OFFICE OF REGISTRAR OF VITAL STATISTICS.

OCT 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. B. Reesides

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 530 Cross St

Cause of Death, First, (Primary,) Hypertrophy with Valvular Disease of Heart

Second, (Immediate,)

Duration of last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Oct. 11th, 1881.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

I. C. Burch M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51880

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. OCT 10 1881 BALTIMORE

Date of Death, Oct. 10th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 8 9 *Years,* 10 *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, House Keeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 302 Paca St.

Cause of Death, First, (Primary.) Asthma

Second, (Immediate.)

Duration of Last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 12th 1881

Undertaker, J. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 402 Cross St.

L. P. L. Gall M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 5188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Farran

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Four (4) years

Place of Death, {Give street and number} No - 57, Hull st

Cause of Death { First, (Primary,) / Second, (Immediate,) Diphtheria

Duration of last Sickness, Three (3) days

All the above Information should be furnished by the Physician.

Place of Burial, Cordonsville, Va

Date of Burial, Oct. 10th 1881

Undertaker, M. A. Daigger

Place of Business, 74 S. Broadway *Address,* 235. Gough st

A. L. Lake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5/882 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sloceum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 111 S. Broadway

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 11" 1881

James A Steuart M. D.,
Medical Attendant.

Undertaker, Henry Sandy

Place of Business, Carden St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Examined by Geo E. Taylor [illegible]

Board of Health, City of Baltimore,

Permit No. 51883

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dominic Rulefs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 312 Alice Ann

Cause of Death, First, (Primary.) Malaria.

Second, (Immediate.) Cerebro Congestion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Oct. 11th 1891

C. Wilkinson M.D.,
Medical Attendant.

Undertaker, W. France

Place of Business, No. 281 Canton Ave *Address,* 17 Ratcliffe St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore.

Permit No. 51884 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th. October 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Stenger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} E. Lombard. Street 343.

Cause of death, First, (Primary.)

Second, (Immediate,) Croup

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct. 11th 84

Undertaker, M. Crane

Place of Business, 280 Conton Ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & 117 W.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5188 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 10 E Fountain

Cause of death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem.

Date of Burial, Oct. 11th '81

Undertaker, J. Evans

Place of Business, 280 Fenton Ave. *Address,* .....

..... M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51886

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mario Manfolio

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 17 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Apprentice (naval)

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Leghorn, Italy, Residence Two months

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} University Hospital

Cause of Death, First, (Primary.) Phthisis pulmonalis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 11th 1881

C. W. Mitchell M.D.,
Medical Attendant.

Undertaker, S. M. Leonardson

Place of Business, 782 W. Baltimore *Address,* University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Fitzgerald

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 56 *Years,* ~ *Months,* ~ *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 410 Light St

Cause of Death { First, (Primary,) Organic Heart disease
Second, (Immediate,) Dropsy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, October 11th 1881

Undertaker, Wm O'Meara

Place of Business, No 202 N Eutaw

Geo H Dunbar M. D.
Medical Attendant.

Address, 44 Hanover City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5 1888 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Woods Mother

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months.~~ 5 Minutes ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, {Give street and number.} 13 Carlton St

Cause of death, First, (Primary.) Premature Birth (6 mos)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Oct 11th 1881

Undertaker, W. M. Dunge

Place of Business. East St

Thos E Stems M. D.,
~~Medical Attendant.~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Explained by — Dr E. Porter

OVER.

Board of Health, City of Baltimore,

Permit No. 57889

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. Marshall

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number.} (Rose) Rowe St. Canton

Cause of Death, First, (Primary) Consumption

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, M E Cemetery Phila Road

Date of Burial, Oct 12th 1881

Undertaker, Danny F Mitchell

Place of Business, 63 S Broadway

L. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51896

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th. '81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Garnitee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 16 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 226 E. Lombard St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, All intervals the entire Summer

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 11

Undertaker, J. Bryant

Place of Business, 1 Bond St

John F. Monnonier M.D.,
Medical Attendant.

Address, 8 N. Chas & Read sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37891 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Belt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 6 *Months.* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 320 S. Paca st

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 11" 1881

Undertaker, Thos. J. Dill

Place of Business, 153 Columbia

James A Clemens M. D.,
~~Medical Attendant.~~

Address, Commrs of Health & Registr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [O.K.]

Extract J. C. Burdine

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kiltmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* 7 weeks ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 380 N. Washington St

Cause of Death, First (Primary,) Marasmus "

Second (Immediate,) Tabes Mesentarica

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem J. E. Whiteford M. D.

Date of Burial Oct 12, 1881 Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 309 Central Ave *Address* 195 Lisguard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balt...

Permit No. 51893

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Roebuck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 21 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} a/s

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 6 Penn Al.

Cause of Death, First, (Primary.) Tabes Mesenterica

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 11

Undertaker, John H. Owens

Place of Business,

G B Bullock *M.D.,*

Medical Attendant.

Address, Howard and Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51894 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday 11th 1881 October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McGreevy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} # 115 P. Fremont St

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 115 P. Fremont St.

Cause of death, First, (Primary.) Ivanition

Second, (Immediate,) ———

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 12th 1881

Undertaker, John Slacker

Place of Business, 1250 Leadenhall St

Thos Waddell M. D.,
Medical Attendant.

Address, N.E. Cor Columbia Ave & Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51895

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Riley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Mont Clare Station

Cause of Death, First, (Primary.) Injuries - Run over by R.R. Train

Second, (Immediate.) 13 & O.

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Oct the 12.

Undertaker, B. Earle

Place of Business, No 82 West St. *Address,* Corner.

Alexander Tearley M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 51896 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 15 Perry St

Cause of death, First, (Primary,) Meropula +

Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, Oct 12th 1881

Undertaker, John L Meacher

Place of Business, No 150 Camden

Thomas Cole M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2357 Travels

Board of Health, City of Baltimore,

Permit No. 57897 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John, S. Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3, *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Nr 246 N Durham st

Cause of death, First, (Primary,) Remittent Fever

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetary

Date of Burial, October 11, 1891

Undertaker, Charles A. Mish

Place of Business, 95 S. Gramby St

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51898 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 91 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 37 E Lafayette

Cause of death, First, (Primary,) Dysentery - Senile Decay

Second, (Immediate,) Coma

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Bals. Cemetery

Date of Burial, Octo. 12th 1881

Undertaker, M A Yaeger

Place of Business, 14 S. Bdwy

F. L. Wiltbanks M. D.,
Medical Attendant.

Address, 10 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10 th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Orr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ———

Occupation, Stone cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number} 115 Pierce st

Cause of Death {First, (Primary,) ———

{Second, (Immediate,) Debility

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 12 1881

Undertaker, Matthew Cadwalader

Place of Business, 227 Madison st

Francis T Miles M. D.
Medical Attendant.
Dr Chas Carter

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51901 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariat Thomas Carroll
Parents

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months.* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Fell St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1-day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 12th 1881

Undertaker, John Brown } James A Clemens M. D.,
~~Medical Attendant~~

Place of Business, 245 S. Wolfe St *Address,* Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Execution by - Geo E. Taylor

[OVER.]

Board of Health, City of Bal...

Permit No. 51901

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Clark

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 243 Front St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11th 1881

Undertaker, Abraham Trayman,

Place of Business, 13 Saratoga St

[illegible] M.D.,

Medical Attendant.

Address, 137 Orle...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51902

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Ann Flaum

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Allens alley

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) —

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11th 1881

Undertaker, Abraham Wyman

Place of Business, 18 Saratoga St

D W Cathell M.D.,
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Rogers

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 81 *Years,* *Months,* *Days.*

Color, Wt.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, { Give street and number } No. 457 Saratoga St

Cause of Death, { First, (Primary,) Pulmonary Disease of Heart (2) / Second, (Immediate,) }

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 12th & Oct.

Chas G. Tuft M. D.
Medical Attendant.

Undertaker, Mrs P. Linnard

Place of Business, 317 Mulberry St. *Address,* 306 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51904

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 BALTIMORE

Date of Death, October 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl August Hasenbalg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 23 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N° 177 S. Broadway

Cause of Death, First, (Primary.) Meningitis basilaris

Second, (Immediate.) The same

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct. 12th 1881

Undertaker, Henry Sander

Place of Business, 252 Caton Ave. *Address,* 163 W Lombard St

Henry Salzer *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 10. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Sherrier

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 Etting St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 12th 1881

Undertaker, Mr Andrews

Place of Business, Druid Hill Ave

J. W. C. Cuddy, M. D.
Medical Attendant.

Address, 866 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51906 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

Date of Death, Oct 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valeria Peek

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Balt~~ Germany.

Duration of Residence in the City of Baltimore, 5 mos.

Place of Death, {Give street and number.} # 303 S. Bond St.

Cause of death, First, (Primary,) Inflammatory Diarrhoea

Second, (Immediate,)

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct. 12th 81

Undertaker, M. France

Place of Business, 280 Canton Av

John H. Rehberger M. D., Medical Attendant.

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Thompson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 0 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 20 days

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Marasmus / Second, (Immediate,) Exhaustion

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, October 12

C. H. Mitchell M. D.
Medical Attendant.

Undertaker, Frey & Bro

Place of Business, No 81 N Broadway *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 51908

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gibson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years.* *Months.* *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, Whitewasher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and number.} Cedar Row

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Oct 12 81

Alexander Tinker *M.D.,*

Medical Attendant.

Undertaker, Hemsley and Madden

Place of Business, 11 Eshard St *Address,* Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57909

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Oct. 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Worsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, blood

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 331 N Howard

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12 81

Undertaker, Kemp & Maddux

Place of Business, 116 N Howard St

G Lane Tanner M.D.,

Medical Attendant.

Address, 129 W Preddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} 49 Edmondson ave.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, About 3 Months - But in failing health for past year.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Oct 13 1881

Jas. E. Gibbons M. D.
Medical Attendant.

Undertaker, Andrews & Rodgers

Place of Business, No 4 & 6 David Hall Ave Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5791 1 *Office of Registrar of Vital Statistics.* Ward 2 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} Nr 16th & Broadway

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Oct 13th 1881

Undertaker, Leo Ritz

Place of Business, 122 S. Broadway

L A Wurdeman M. D., Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57912 *Office of Registrar of Vital Statistics.* Ward 18 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Flanna

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11. *Months,* 6. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 28. Brown St

Cause of death, First, (Primary,) Malarial Fever + Convulsions

Second, (Immediate,) Inanition

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 13th 1881

Undertaker, Julius Koehler

Place of Business, Sharpe & Lucas *Address,* 146. Hanover St

Theodore Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H. M Cook

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 5 *Years,* 5 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 582 Hanover St.

Cause of Death First, (Primary,) Cholera infantum

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, October 12.

Undertaker, Henry Briele

Place of Business, 81 St Henriette Street

Wm Gorsuch M. D.
Medical Attendant.

Address, 170 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51914

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12 /81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Thurn

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 43 Druid Hill ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 14

Undertaker, Walter Emmel

Place of Business, 313 W. Fredelle

H. Miller *M.D.,*
Medical Attendant.

Address, 54 Green St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Kerby

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* Nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 18 5 Wolf st

Cause of Death First, (Primary,) Bright's disease Kidney

Second, (Immediate,) Uremia Anasarca Coma

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 13 1881

Thos Simms *M. D.*
Medical Attendant.

Undertaker, E A Garman

Place of Business, 38 Carson st *Address,* Office 240 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51916

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Magee

~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Three~~ *Years,* ~~Three~~ *Months,* ~~Two~~ *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 480 S. Carey St.

Cause of Death, First, (Primary.) "Diphtheria"

Second, (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Octo. 13, 81.

Undertaker, S. McLeonard Son

Place of Business, 732 W. Baltimore *Address,* 584 W. Fayette St

J. [illegible] Smith M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51917 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Samstag

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 208 S. Bond St

Cause of death, First, (Primary,) Teething

Second, (Immediate,) Chol Infantum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 12th 1881

Undertaker, W. Disher

Place of Business, 208 Bond St

James F. Hume M. D.,
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor

Board of Health, City of Baltimore.

Permit No. 5 / 9 / 8 *Office of Registrar of Vital Statistics.* · Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Moore (Mother)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months.* One *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Little Mc Elderry St

Cause of death, First, (Primary,) Premature Birth (8 mos

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12" 1881

Undertaker, W. H. Duncan

Place of Business, East St

James A Steuart M. D.,

~~Medical Attendant~~ Registrar

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by L. P. Smith

(over.)

Board of Health, City of Baltimore,

Permit No. 51919

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Diel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 Y *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany Have Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexy (Congestion,

Duration of Last Sickness, In stoop three days

All the above information should be furnished by the Physician.

Place of Burial, E Public Ground

Date of Burial, Oct 14-1881

Undertaker, P. Mullen

Place of Business,

E G Mett M.D.,
Medical Attendant.

Address, City Hosp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51920

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Mauce.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 11 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 307 Alice Ann St

Cause of Death, First, (Primary.) Brain disease

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, October 12 1881

Undertaker, Leonhard Wurtz

Place of Business, 27 S. B. St.

A. K. Smith *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm D. O'Keefe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 22 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Fireman on P.W.&B.RR

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 91. S. Eden St

Cause of Death, First (Primary,) ....

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 12 188[illegible]

Undertaker, [illegible]

Place of Business, *Address* [illegible]

T. H. Francis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10th Oct 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene Mc Kelan.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— 18 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto In "

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 44 Hanover St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Oct 12 1881

J. M. Coskill M. D.
Medical Attendant.

Undertaker, Chas P Byrne

Place of Business, Front St *Address* 340 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 51923 *Office of Registrar of Vital Statistics.* Ward 1 Sol

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE

Date of Death, Oct 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Kennedy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 70 Clement Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 13. 1881

Undertaker, Elisha Cox

Place of Business, #848 Bank St

..... *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51924

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th Oct 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W. Foote

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania alley no 2

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} Duncan alley no 2

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Hemorrhage from umbilical Cord

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 12 1881

Undertaker, William Berger

Place of Business, No 62 East St

M. C. Warren M. D.
Medical Attendant.

Address, Gaither & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and occupation (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

2332 Pearl

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml. Taylor Grubb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, + *Years,* *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 49 Eutaw St Balto

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 49 Eutaw St.

Cause of Death, First (Primary,) —

Second (Immediate,) Marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem. G. J. Adams M. D.

Date of Burial, Oct 13th 1881 Medical Attendant.

Undertaker, Chas. T. Semmes

Place of Business, 271 W Eutaw Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Viola Adams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Colored *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give street and number.} No. 21 Law St.

Cause of Death, First (Primary,) ____ Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 13 1881

J. Edwin Mullan M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 51927 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 11.30 P.M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Feyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75. *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widowe

Occupation, ???

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 52 Pampkead

Cause of death, First, (Primary,) Old age

Second, (Immediate,) .....

Duration of Last Sickness, Week and Half

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelic. Cem.

Date of Burial, Oct. 13th 1881

Undertaker, Henry Sander

Place of Business 262 Canton Ave *Address,* 77 E. Baltimore St.

Chas. O. Morrill M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 7928

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara C Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 22 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~Single~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md,

Duration of Residence in the City of Baltimore, ~~Widow or Widower~~

Place of Death, {Give street and number.} 22 N. Spring st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Oct. 14th 1881

Undertaker, James Byrne

Place of Business, Grant st

M. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57929 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm J. B. Hill

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 *Years,* 5 *Months,* ..... *Days.*

Color. White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Lawyer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Cor. Laurens & Howard Sts

Cause of death, First, (Primary.) .....

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, Oct 13th

Undertaker, C. H. Blizzard

Place of Business, 201 Penn ave

Wm. Whitridge M. D.,

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 51930

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Bentz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, wht

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} widow

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} 83 Odd st

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 14th 1881

Undertaker, Hy W. Mears

Place of Business, 46 N. Gay St

G. Lane Tanneyhill M.D.,
Medical Attendant.

Address, 129 W. Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57931 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Sommermann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} 283 S. Central Ave

Cause of death, First, (Primary,) Bright's Disease occurring during Pregnancy

Second, (Immediate,) Eclampsia (Uremia)

Duration of Last Sickness, Last day of month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 13 1881

Undertaker, E A Carman

Place of Business, 38 Exeter St *Address,* 274 N Fay St

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37932 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose M. Dorsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Femal

Age, ——— *Years,* Two *Months,* Ten *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 201. Vine St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ———

Duration of Last Sickness, about 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, N. W. Bap. Comet.

Date of Burial, Oct. 13th 1881

Undertaker, Sam'l W. Chase

Place of Business, 195 S. Howard St. *Address,* 467. W. Fayette St

A. C. Fox M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51933

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Philip Sampson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~X~~ *Years,* 7 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 19 Jenkins Al.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Hydrocephaloid

Duration of Last Sickness, About 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 13. 1881

Undertaker, John C. Jordan

Place of Business, 65 Park Ave

Eldridge C. Price M.D.,
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57934

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Griesser.

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, 43 — *Years,* 9 — *Months,* 5 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Cooper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, about 28 yrs —

Place of Death, {Give street and number.} 90 S. Eden 2th.

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Rheumatism of Heart General Anasarca

Duration of Last Sickness, about one year —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, Oct 14th 1881

Undertaker, Peter Frey

Place of Business, 91 Eden av

G. A. Dohme M.D.,
Medical Attendant.

Address, 865 Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1935 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Claude Aiken

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 610 W. Fayette St.

Cause of death, First, (Primary,) Basilar Meningitis with

Second, (Immediate,) Ulceration

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Oct. 14 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

John Neff M. D.,
Medical Attendant.

Address, 204 Cathedral Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/1936 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Katie Green

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 292 Ramsey St

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) "

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 13 1881

Undertaker, J B Cook

Place of Business, 707 W. Balto St *Address,* [illegible]

W Keyser M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51937

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Regan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 225 Lemmon St

Cause of Death, First, (Primary,) Acute Membranous Laryngitis

Second, (Immediate,)

Duration of last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct. 13' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

A Adler M. D.
Medical Attendant.

Address, 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 21738

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

Permit No. 57938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Oct 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Cathrin Sullens

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, in her 12th *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 33 Patuxant St

Cause of Death, First, (Primary,) Hepatic & Splenic Inflamation

Second, (Immediate,) Convulsion tonnic Spasms

Duration of last Sickness, 4 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, October 15 1881

J E Richards *M. D.*
Medical Attendant.

Undertaker, H. M. Gibbons

Place of Business, No 341 Eastern av *Address,* 28 O Donnell st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57939

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo. 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie May Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 22 days

Place of Death, {Give street and number.} 433 N. Gilmor

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) "

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 13th 1881

Undertaker, Wm. Clements

Place of Business, 336 Pennsa Ave

J. B. Christian M.D.,
Medical Attendant.

Address, 431 Lemmon Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 51940

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 51940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Aaron Aguilar

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — 4 *Years,* — 7 *Months,* — 13 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Roconoke City.

Duration of Residence in the City of Baltimore, About 3½ years.

Place of Death, { Give street and number } 101 S. Register St.

Cause of Death, { First, (Primary,) } Pulmonary Tracheal

{ Second, (Immediate,) }

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Hebrew Cemetery

Date of Burial, October 14th 1881

E W Eilau M. D.
Medical Attendant.

Undertaker, Myer Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 21941

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5/941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. OCT 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Aguilar

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 101 S. Register

Cause of Death, First, (Primary,) Bronchial Tracheal's

Second, (Immediate,)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Hebrew Cemetery

Date of Burial, October 14th 1881

C. W. Eilau M. D.
Medical Attendant.

Undertaker, Chas. Eilau

Place of Business, 101 Gough *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 61942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane E. Price

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Seventy years.

Place of Death, {Give street and number.} 389 Division St

Cause of Death, First (Primary,) Old Age and General Debility

Second (Immediate,) Exhaustion

Duration of Last Sickness, Saw her last once. Only the day she died

All the above information should be furnished by the Physician. Honored the family of her death at the house of Dr. Poe

Place of Burial, Canton Md.

Date of Burial, Oct 13th 1881

Undertaker, Henry Mitchell

Place of Business, 580 W Fayette

A. Poe *M. D.*

Medical Attendant.

Address No 1 N Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2353 Fraser

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37943 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Hutchinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 329 Hamburg St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14th 13

Undertaker, Geo Werkmeister & Co

Place of Business, 130 Henrietta St

C. W. S. Boze M. D.,

Medical Attendant.

Address, 206 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51944

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schweibert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* 10 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N 33 Bevan st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Prostration

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Westen Cemetery

Date of Burial, Oct 13 1881

Undertaker, John Heuisler

Place of Business, 382 Orleans St

C. L. Suddenbahn M.D.,
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57945

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct- 11- 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C H Fayha (Fayhey)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 11 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6- Woodyear (Woodyear)

Cause of Death, First, (Primary.) Malarious Fever

Second, (Immediate.)

Duration of Last Sickness, 2 - Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 13th 1881

K. D. Hurst M.D.,

Medical Attendant.

Undertaker, Joseph F Byrne Carey & Prestman

Place of Business, 39 N Liberty *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5/946

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Dias

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St Marys Co Md.

Duration of Residence in the City of Baltimore, Abt 37 Years

Place of Death, {Give street and number.} No 5 Fern foot alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, abt 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 13th 1881

Undertaker, John M Locke

Place of Business, 65 S Wolf st

Chas M Mott *M.D.,*

Medical Attendant.

Address, 67 E Balt st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2[illegible]4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm W. Beecher

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 82 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, formerly in Drug Business

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, over 40 years

Place of Death, {Give street and number} 141 Argyle Avenue

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,) Coma

Duration of last Sickness, some 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct. 13th

Undertaker, Wm. Keenor

Place of Business, 202 N. Eutaw St.

Marbury Brewer M. D.
Medical Attendant.

Address, 6 & McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 19 48

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Wills

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 0 *Months,* 0 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Philadelphia Road

Cause of Death { First, (Primary,) Dropsy on the Brain
Second, (Immediate,)

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, N E Cemetery

Date of Burial, Oct 13/81

Undertaker, Fry & Zell

Place of Business, 61 N Broadway *Address,* Orangeville Balto Co

R Lee Norris *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51949 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Stockman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 7 *Months.* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fort Pa

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 111 E. Hoffman & Front St

Cause of death, First, (Primary,) Diph Membr

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 14th

Undertaker, E. C. Middleton

Place of Business, 90 Guilford Ave *Address,* Front St

S. E. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51950

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Oct 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 36 William st.

Cause of Death, First, (Primary.) Septicæmia

Second, (Immediate.) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 14th 81

Undertaker, C. F. Kranse

Place of Business, ...

John E. Monmonier M.D.,
Medical Attendant.

Address, 5 W. Columbia Court

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51957

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct. 12th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Oneall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 May St

Cause of Death, First, (Primary.)

Second, (Immediate.) Croup -

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 14th of Oct.

Undertaker, Fred Goede.

Place of Business, 29 S. Caroline st *Address,* 137 Orleans St

J. J. Grove *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51952 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th. October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eurigunde. Kotchinska

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 7 *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, in the Tickling house

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Liffen, Prussia, Germany

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} Thames street 120

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct. 14th 81

Undertaker, M. Franc

Place of Business, 280 Canton Av

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe st. 102

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51953 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bender,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, white,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Twelve yrs.

Place of Death, {Give street and number.} 221 S. Bethel St.

Cause of death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Seven months,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct. 14 1881

Undertaker, J. C. Frazer

Place of Business, 280 Canton Ave

G. A. Luck M. D.,
Medical Attendant.

Address, Balt. & Park. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Shumaker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation; none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 yrs 1 mo 18 days

Place of Death, {Give street and number} 108 S Regester

Cause of Death {First, (Primary,) Congestion of the Brain

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel Cem.

Date of Burial, Oct. 14 1881

Wm N Hill M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address,* 196 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Evans

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Winchesby Virginia

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number.} No 21 Biddle Alley

Cause of Death, First (Primary,) Cancer

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery H S Bowie M. D.

Date of Burial, Oct. 14th 1881 Medical Attendant.

Undertaker, Wm. S. Gray

Place of Business, 65 Mulberry St *Address* 210 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 51956

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Maria Whiting

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 518 Mulberry St

Cause of Death {First, (Primary,) Epilepsy
Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 14/81

Undertaker, Denny & Mitchell

Place of Business, 66 & 68 Fayette St

J. H. Kenney M. D.
Medical Attendant.

Address, 76 Park St

Extract from Regulations of the Board of Health to ~~secure a full and correct record of~~ Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57957

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dahlia Manning

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~23~~ 19 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore U. S.

Duration of Residence in the City of Baltimore, 19

Place of Death, {Give street and number.} 84 Parkin st.

Cause of Death, First, (Primary.) Pregnancy.

Second, (Immediate.) Abdemia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 14th 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

E. Meierhof. M.D.,

Medical Attendant.

Address, 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 31958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 31958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Oct. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Taylor

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, — *Years,* 16 *Months,* 9 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } USA. Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 61 Watson St.

Cause of Death, First, (Primary,) Catarhal Pneumonia.

Second, (Immediate,) Asphyxia & Asthenia Contined

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Ashberry & Cemetery

Date of Burial, Oct 13 1881

B. Leonard *M. D.*
Medical Attendant.

Undertaker, Kennedy Cook & Mackenzie

Place of Business, 116 Exchange St *Address,* 214 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Falk

Sex, Male or Female, {cross out the word not required in this line.}

Age, Five (5) *Years,* Five (5) *Months,* Nine (9) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} Rear of Md. White Lead Comp. Factory

Cause of Death { First, (Primary,) Second, (Immediate,) } Convulsions

Duration of last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cemetery

Date of Burial, October 15

Undertaker, B. Hirsh

Place of Business, 42 Mitchell

Robert S. Rowe M. D.
Medical Attendant.

Address, 323 Light Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out;* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. E. Houseman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 14 *Days.*

Color, ... *Sex,* ...

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 17 Sterrett St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 17 Sterrett St

Cause of Death, First (Primary,) Fall

Second (Immediate,) Convulsion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 14 1881

Undertaker, A Weidemeyer

Place of Business, Pine & Balto

B. F. Herman M. D.
Medical Attendant.

Address 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

COVER.

Board of Health, City of Baltimore,

Permit No. 5 1961 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McEnany

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 11 Parkin

Cause of death, First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct. the 14th

Undertaker, B. Hanley

Place of Business, [redacted] *Address,* 283 W. Lombard

Edw. F. Mickellands M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57962 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13. 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Watson Waters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} 91 Randal

Cause of death, First, (Primary,) Premature birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, ~~Oct 14 1881~~ Jno. B. Cook

Undertaker, Jno. B. Cook

Place of Business, W. Balto. St

Louis [illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 51963

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsilon L. King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 227 Argyle Ave

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 15th 1881

Undertaker, Chas Sensin

Place of Business,

J. J. Miller M.D.,

Medical Attendant.

Address, 8 J Mercer St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spondent is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57964

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Jones (uncertain)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 30 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Two days in Hospital, previous history unknown. Moribund when admitted

All the above Information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, October 15

Undertaker, Patrick Mullin

Place of Business,

Chas W Goldsborough M.D.,

Medical Attendant.

P. A Surg. U.S.M.H.S.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57965 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

Date of Death, Oct. 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Dietrick Hoddicks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 17 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~M~~ S ~~W~~

Occupation, ~~X~~ ~~X~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 269 S Wolf St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, about 3 or 4 Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Oct 16th 1881

Undertaker, John C. Schultz

Place of Business, 266 Alice Anne St. *Address,* 299 E Baltimore St.

James E Donnelly M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician in attendance is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51966

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Brady.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* eight *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} single.

Occupation, none.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 74 Jowson St.

Cause of Death, First, (Primary.) Cholera Infantum,

Second, (Immediate.) ~~Diarrhœa~~

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Octo. 14th 1881

Undertaker, M. A. Sajor

Place of Business, 74 S. Bond

J. L. Sullivan M.D.,
Medical Attendant.

Address, 146 Thames St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 1967 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Lanahan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 40 yrs

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} Rear of 73 Eastern ave

Cause of death, First, (Primary,) Senile decay

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Oct 15th 1881

Undertaker, Jas P. Byrne

Place of Business, Front St

James A Clemens M. D.,

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd. Jas E Taylor [Clerk.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51968

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

Date of Death, Oct 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Not named) Mothers name Jennie Lloyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Notice

Place of Death, {Give street and number.} 300 Thulds Alley between Smith & Mt Vernon Place Church St

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.)

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, W Pul Cemetery

Date of Burial, Oct 14th 1881

W W Antrim M.D.,
Medical Attendant.

Undertaker, J. A. Kerchner

Place of Business, S. Carroll Ave *Address,* 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 51969 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Louisa Frey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 62 South Williams St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup.

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 15th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

W. Keyser M. D.,
Medical Attendant.

Address, 11 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jackson

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 70 Chesnut St

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 70 Chesnut St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Johns Evergreen

Date of Burial, Oct 15th 1881

H. G. Wilcox Jr. M. D.
Medical Attendant.

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga st. *Address,* 81 Wisquill st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51971 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt an Herring

Sex, Male or Female {Cross out the word not required in this line.}

Age, 70 (70) *Years,* *Months.* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, H°

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 401 Park avenue

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, One Week ✓

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 15th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 78 Columbia

I H Sullivan *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harris Bloch

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Nine~~ Eight *Years,* Six *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Poland. In U. S. Seven Weeks

Duration of Residence in the City of Baltimore, Seven Weeks

Place of Death, {Give street and number} 50 Market Space

Cause of Death { First, (Primary,) Fall / Second, (Immediate,) Fracture of skull, with compression of brain

Duration of last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Russian Congregation

Date of Burial Oct 15th 88 Balto

J. F. Tearney M. D.
Medical Attendant.

Undertaker, David Heimer

Place of Business, 112 N. High St *Address,* 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 51972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Kennedy

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, ____ *Years,* 21 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~Student~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 184 N. Calvert

Cause of Death, First, (Primary.) Basilar meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Oct 14th 1881

Thos. S. Latimer M. D.
Medical Attendant.

Undertaker, Emmert Mitchell

Place of Business, 550 W Fayette *Address,* 187 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57974 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Elizabeth Cole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Sixty Seven *Years,* Four *Months,* Fourteen *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 237 N. Amity St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Paralysis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16th of October

Undertaker, Andrew Koch

Place of Business, 244 E. Lombard St.

Wm. H. Chedsey, M. D., Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57975

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Lyons

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number } 9 Wilcox St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Convulsions

Duration of last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Oct 15th 1881

Signed Silas N. Hunter M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, Front near Gay Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Primrose

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, Nun

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 1 S Calhoun St

Cause of Death First, (Primary,) organic disease

Second, (Immediate,) of the Heart

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct. 15 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

J. Ins Atwood M. D.
Medical Attendant.

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51977

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th '81 (Sweeney)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sweeney

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 127 Hudson st.

Cause of Death, First, (Primary.) Consumption of Lungs.

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, October 15, 1881

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

John B. Thompson M.D.,
Medical Attendant.

Address, S. W. Calvert & Read.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51978

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Ward

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 13 Hiccaut alley

Cause of Death, First, (Primary.) Consumption,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, October 15th 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway

St. Geo. M. Lee Rl., M.D.,
Medical Attendant.

Address, 182 Park Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silvia G. Mayhem

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 232 Fort ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Congestive Chill

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Sunday Oct 16 1881

J. C. Burch *M. D.*
Medical Attendant.

Undertaker, Armstrong Denis

Place of Business, Light St *Address,* 151 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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31980

No. 25

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 57980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Healt

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Potter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 257 East Pratt st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 15th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* N Co Bridge & Pratt

Jos C Benzinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 51981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 51981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Wolfel

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Berlin

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Wilhelm st

Cause of Death First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Union Factory Bal Co

Date of Burial, Oct 15 1881

Undertaker, I. B. Cook

Place of Business, 709 W. Balto St

John Hood M. D.

Medical Attendant

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57982 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Gadd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* 6 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Liverpool

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 Mangoed St

Cause of death, First, (Primary,) Genl Debility

Second, (Immediate,) 12 Hrs or over

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 15th Oct

Undertaker, W. J. Tickner

Place of Business, 15 Eutaw

Jno D Blake M. D., Medical Attendant.

Address, 16 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday October 14th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Ward

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York,

Duration of Residence in the City of Baltimore, One Year.

Place of Death, {Give street and number} # S. H. Co. Chas & Forrest Place

Cause of Death. First, (Primary,) Malarial Fever with Cerebral Complication

Second, (Immediate,) Exhaustion,

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 15th 1881

Undertaker, [illegible]

Place of Business, [illegible]

Wilmer Dorsey, M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 51984

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13 — 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

Occupation, ✓

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 12 Temple St.

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, October 15. 1881

Frank Moyer *M.D.,*
Medical Attendant.

Undertaker, Charles A. Whitney

Place of Business, 35. Granby St *Address,* 7 S High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentin ~~Brett~~ Pruet.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Dwlt. Alley. near West St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, Oktober 16.

Undertaker, B Gilmore

Place of Business, 42 West St

I. O Harrington. M. D.
Medical Attendant.

Address, Cor Carroll & Light Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 51985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 61986 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sabbr. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — 28 — *Years,* — 6 — *Months,* — 7 — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon - Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bull City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. Cor Edmondson Ave & Smith

Cause of death, First, (Primary,) Perforating ulcer of Stomach

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Schwartzer Lutheran Cemetery

Date of Burial, Oct 16th

Undertaker, George Schilling

Place of Business, Ashland Square

S. W. Sellers M. D.,
Medical Attendant.

Address, 1714 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5198[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5198[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fabian Lightheart

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 yr 5 mos

Place of Death, {Give street and number} 19 Gulfline alley

Cause of Death {First, (Primary,) Meningitis

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Oct 16th 1881

Undertaker, G P Krause

Place of Business, 209 Hanover

G W Gaunt M. D.
Medical Attendant.

Address, 164 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31988

The Special Attention of Physicians is Re[illegible] the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Mason

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 20 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 98 Raborg St

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number} 49 Dover St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, October 15

Undertaker, Hercules Ross

Place of Business, 15 Conway St

Jos: E. Blagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...nd to List of Diseases on Back of this Certificate.

5 1989

...ealth, City of Baltimore,

9 *Office of Registrar of Vital Statistics.* Ward 19 4

...o attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ... or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if req... so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

#51989

CERTIFICATE OF DEATH.

Date of Death, 14th Oct 1881 at 10½ P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parker Lt. Cole.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ~~Years,~~ Two (2) *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore county

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} No 90 N. Gilmor St

Cause of death, First, (Primary,) Hereditary

Second, (Immediate,) Tubercles of the brain

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 16th 1881

Undertaker, Jos G Lewis

Place of Business, No 707 W. Baltimore St

Wm J. Evans M. D.,
Medical Attendant.

Address, 149 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51990

...respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 51990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel W. Frey

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, About 68 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Drug Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 284 West Lombard St

Cause of Death, First, (Primary,) Chronic Constipation

Second, (Immediate,) Volvulus or Ileus

Duration of last Sickness, Abut 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 16th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Jno. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

91 5799/ *Office of Registrar of Vital Statistics.*

...Who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, ...undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octobr 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genge Lehane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* *Days,*

Color, White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 157 Madeira ally

Cause of Death, First, (Primary.) Meningitis (Acute)

Second, (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery

Date of Burial, 16th of Oct.

Undertaker, Fred Gaede.

Place of Business, 29 S Caroline

Thomas B. Evans M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Diseases on Back of this Certificate.

...Health, City of Baltimore, 5992

...2 —Office of Registrar of Vital Statistics. Ward 12 11

...ttended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ...or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...b, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

Date of Death, October 14: 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara F. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 119 Bank. St on Register

Cause of death, First, (Primary,) Pseudo Membranous Laryngetis

Second, (Immediate,)

Duration of Last Sickness, About One Week

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, Oct 16th 1881

Undertaker, Benn & Mitchell

Place of Business, 65 S Broadway

James E. Emmitt M. D.,
Medical Attendant.

Address, 297 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ases on Back of this Certificate.

...of Health, City of Baltimore. 51993

...13 *Office of Registrar of Vital Statistics.* Ward 17

...attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ...r or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner. ...te do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 14.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Clarke

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* ..... *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D.C. V.

Duration of Residence in the City of Baltimore, 3 - 3

Place of Death, {Give street and number.} 1 Aves alley

Cause of death, First, (Primary,) Dysentery Malig.

Second, (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, October 16th

Undertaker, Mrs Hearle

Place of Business, West St

R. H. P. Ellis M. D.,

Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51994

...is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

...rd of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

51994

...dian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday October 15 Th. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Edward C. Emick

Sex, Male or Female, {cross out the word not required in this line.} Mail

Age, 2 *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 100 Greenmont Ave,

Cause of Death First, (Primary,) Scarlet Fever,

Second, (Immediate,) Adenitis with Fever & Exhaustion.

Duration of last Sickness, Fifteen Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 16 1881

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Henry Heath

Place of Business, 30 Central Ave Address, 25½ Green Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate set-furnish within forty-eight hours after the death ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

1995 1995 *Office of Registrar of Vital Statistics.*

...who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...aker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...o do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 16 1881 BALTIMORE

Date of Death, Oct 13 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard McAleister

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland 35 years

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 338 Light St

Cause of Death. First, (Primary.) Phthisis Pulm.

Second, (Immediate.)

Duration of Last Sickness, uncertain

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 16 1881

Undertaker, N. F. Curran

Place of Business, 53 S Broadway

S Dillehay M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51996

...is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

...d of Health, City of Baltimore,

51996 51996

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, {Give street and number} 103 Wellons Alley

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 14th 1881

Undertaker, Wm H Hearn

Place of Business, No. 118 S. Howard

Ellis Mickum M. D.
Medical Attendant.

Address, 158 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DUGANY & CO. CITY PRINTERS AND STATIONERS.

...ths of Diseases on Back of this Certificate.

5997

...of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward .....

...attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ...or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...o, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 16 1881 BALTIMORE

Date of Death, October 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Rogers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Parish Alley

Cause of death, First, (Primary,) .....
Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct 16th 1881

Undertaker, W. N. Dunger

Place of Business, ...

J. Alexander Steiner M. D.,
Medical Attendant.

Address, Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3[illegible]

...ns is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

...rd of Health, City of Baltimore,

...51998 #57998 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} E. A. Stewart

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 11 *Years,* 11 *Months,* 21 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Girl

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 7 Mott Alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Apnoea (Suffocation)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, October 16 1885 Edward Jones M. D.

Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby St *Address,* 143 N Eden Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...ck of this Certificate.

Board of Health, City of Baltimore,

5-1999 5-1999 *Office of Registrar of Vital Statistics.*

...o attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...er or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Sewell De Witt

~~*Son, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* ~~—~~ *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 343 Vine Street

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 16th 1881

Hector H. Goodman M.D.,
Medical Attendant.

Undertaker, Jos B. Cook

Place of Business, No 707 W. Baltimore Street *Address,* 645 N. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

520

... to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

1100 52000 *Office of Registrar of Vital Statistics.*

... who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... aker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ... o do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Schul

Sex, Male or ~~Female~~; { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } No 374 Hamburg st

Cause of Death, First, (Primary.) Spasm

Second, (Immediate.)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'n

Date of Burial, Oct 16th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

C. L. Baldenhofer M.D.,
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 52001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M Schaaf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 92 S. Regester

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Oct 16 th 1881

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,*

A. L. Arnold *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 52005

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 October 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Weber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 11 *Months,* 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, cigarmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 34 N. Eden St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, N.E. Cemetery, Belt road

Date of Burial, Oct 17, 1881.

Undertaker, Henry Hofmann

Place of Business, 63 & Eden St.

C Hoffman M.D.,
Medical Attendant.

Address, 47 Aisquith.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 32003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

Permit No. 52 1113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McCarthy

Sex, Male or Female, {cross out the word not required in this line.} female

Age, — *Years,* — *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, At home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 33 Hillen St

Cause of Death, First, (Primary,) Convulsions —

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 16 1881

Undertaker, J O Byrne

Place of Business, 3 — St.

D. Stadtmüller M. D.
Medical Attendant.

Address, 1129 E. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52 0114

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Valentine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 19 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 123 Montgomery St

Cause of Death, First, (Primary.) √

Second, (Immediate.) Marasmus

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 17.

Undertaker, Ernst Schloman

Place of Business, 200 Sharp St. *Address,*

S Tillett M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Paper.

Board of Health, City of Baltimore.

Permit No. 52605 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 Oct 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G. Knight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* ..... *Months.* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10

Place of Death, {Give street and number.} 14 Bunnys Ct

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Nervous prostration

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Oct 17th.

Undertaker Bernhard Harle

Place of Business, 82 West St.

Dr H P Ellis M. D.,

Medical Attendant.

Address, 376 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Rules on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Flynn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 Years, 11 Months, Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} 4 Second St.

Cause of Death, {First (Primary,) Scarlet fever / Second (Immediate,) Nephritis}

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's cemetery

Date of Burial, Oct 16th 1881

{Undertaker, James P Byrne / Place of Business, 963 W Fayette St}

Alexander Hill M.D.
Medical Attendant.

Address 32 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 51117 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 18 1881 BALTIMORE

Date of Death, Oct. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louie Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 N. Spring st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 16th 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front st

W. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 52118 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Rockfost

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 53 Albemarle St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Marasmus

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 18 1881

Undertaker, J. O. Byrne

Place of Business, [illegible]

A. F. Esich M.D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Ginnar — Not named — Pat. Ginnar

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~36 hrs.~~ *Years,* *Months,* 2 *Days.*

Color, Irish

~~Married, Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 88 Caroline Ave

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 88 Caroline Ave

Cause of Death { First, (Primary,) Cramtion
Second, (Immediate,)

Duration of last Sickness, Born Inactive

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Oct 16

Undertaker, J.B. Cook

Place of Business, No 707 W. Balto Street *Address,* 192 N. Louisa St.

Geo. Buck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 0 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52 9 1 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Saturday. Oct. 15th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of Amos r Chas. S. Foster,

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 300 Aisquith St.

Cause of Death { First, (Primary,) "Cyanosis"
Second, (Immediate,) .....

Duration of last Sickness, Lived Fifteen minute after birth.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Oct 16 1881

Undertaker, John W Jackson

Place of Business, 629 E Baltimore St

Wilmer Brinton, M. D.
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Bam 25551

Board of Health, City of Baltimore,

Permit No. 52911 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward G. Price

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Solicitor for Malt Liquor Houses

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bucks County

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} S.E. Corner Bridge St

Cause of death, First, (Primary,) Uremia Paralysis

Second, (Immediate,) Apoplexia

Duration of Last Sickness, 3 hours — weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Oct 17. 1881

Undertaker, John W Jackson

Place of Business, 528 N Gay St

S. H. Stout M. D., Medical Attendant.

Address, 474 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT. 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Oct 15th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew H. Anderson,

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigar Maker,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 33 Forest Place

Cause of Death, First, (Primary,) Malformation + displacement of st & ab the result of a Spinal injury some 16 years previous

Second, (Immediate,) Cardiac Asthma,

Duration of last Sickness, 4 & Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 16th 1881

Undertaker, Hy W. Sears

Place of Business, 45 N. Gay St

Wilmer Benton, M. D.
Medical Attendant.

Address, 25½ Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52113

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Fisher

~~*Sex,* Male or Female,~~ { Cross out the word not required in this line. }

Age, 3 *Years,* 10 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Ever since

Place of Death, { Give street and number. } 72 S. Regal

Cause of Death, First, (Primary.) Dysentery reported

Second, (Immediate.) Paralysis cardiac

Duration of Last Sickness, 4 days

Att the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 17/81

Undertaker, G Frazier

Place of Business, Eutaw Ave

F Surratt M.D.,
Medical Attendant.

Address, 245 S Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hertel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 12 months.

Place of Death, {Give street and number} 99 S. Regester

Cause of Death, First, (Primary,) Tympanites

Second, (Immediate,) Bronchialis

Duration of last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, October 16

E. W. Blair M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Ward 2

Permit No. 53115 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 BALTIMORE

Date of Death, 15th October 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Franz Joseph Schir

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Dallas street 2th. 2 ½

Cause of death, First, (Primary,) Stomatitis aphthosa

Second, (Immediate,) Exhaustio 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, October 16th

Undertaker, W. Dilger

Place of Business, S. Bond st. 151

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & 11th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Date of death Oct 14 1881

Name - Charles Barnett

Male

32016

HEALTH DEPARTMENT OCT 15 1881 BALTIMORE

age 10 Yrs

Born Balto

Residence Same

70 N. Exeter St - Place of death

Cause of death { Primary - Tuberculosis
Immediate - Exhaustion

Duration of last Sickness - For Life

Gross Negligence

Cr Calvert Interment

Place of Burial Baltimore Co

Date " do Oct. 17, 1881

Undertaker M. A. Darger

74 S. Broadway

Board of Health, City of Baltimore,

Permit No. 52417 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. F. Lankford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Six days

Place of Death, {Give street and number.} 441 E. Lombard st.

Cause of death, First, (Primary,) Punctured wound

Second, (Immediate,) Tetanus

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Summerset Co Md

Date of Burial, Oct 18th 1891

Undertaker, Denny & Mitchell

Place of Business, 16 S Broadway

G. A. Lusk M. D.,

Medical Attendant.

Address, Balt & Wash

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52118

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil C. Phillips

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Huckster

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty Years (50)

Place of Death, {Give street and number.} X 42 Hartford ave

Cause of Death, First, (Primary.) Debility

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 18th

Undertaker, George Schilling

Place of Business, Ashland Square

Daniel J Bolte M.D.,
Medical Attendant.

Address, X 134 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52019 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie C. Bergand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 102. Balt ave

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, October 16th

Undertaker, R Hasle

Place of Business, 42 West St

Edward Cotter M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12020 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 16 '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent L. Monaghan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color,

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 107 Pennsylvania Ave.

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Paralysis

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 17th

Undertaker, H. C. Wiedefeld

Place of Business, 20 Greene

Edward P. McDonnell *M.D.,*

Medical Attendant.

Address, 167 E. Caton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 32021

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lombardt Vogelheber,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married.

Occupation, Tailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 25 yrs

Place of Death, { Give street and number. } 540 Laural st

Cause of Death, First, (Primary.) Chronic Nephritis

Second, (Immediate.) do & Tuberculosis

Duration of Last Sickness, about 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 18th 1881

Undertaker, Peter Frey

Place of Business, 91 Eutaw st

G. A. Dohme M.D.,
Medical Attendant.

Address, 816 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Williams, col.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Oyster shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 6 Mulberry Court

Cause of Death, { First (Primary,) Asthma
Second (Immediate.) "

Duration of Last Sickness, not known

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Oct. 17-1881.

{ *Undertaker,* Saml. W. Chase
{ *Place of Business,* No. 198 S. Howard St.

Jno Jordan M. D.
Medical Attendant.

Address 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16 - 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Brown. (infant)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 6 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, white *Sex,* ~~Male~~ female

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Do not know

Place of Death, {Give street and number.} 132 N. Eutaw st.

Cause of Death, ~~First (Primary),~~ Congenital debility.
~~Second (Immediate),~~

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 17th 1881

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave

T. Delay Maddux, M. D.
Medical Attendant.

Address 28 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 32024

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Elizabeth Whyte

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 73 E Ann St

Cause of Death, First, (Primary.) From a fall

Second, (Immediate.) Cerebro Spinal Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemty

Date of Burial, Oct 17/81

Undertaker, Fry & Zies

Place of Business, 18 N Broadway

Milton A Fowler M.D.,
Medical Attendant.

Address, Broadway & E Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32025 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Frederick Meeter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Cor Fremont & Lee Sts

Cause of death, First, (Primary,) Valvular disease of heart with Dropsy

Second, (Immediate,) " " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 18 1881

Undertaker, George Lienbach

Place of Business, 389 W Bat st

M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52026 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernhardt Bardt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 *Years,* — 6 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Brewer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number. } 131 Lemon

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct. 17. 1881

Undertaker, P. Lee P. Lester

Place of Business, 60 Lexington

James Bosley *M.D.,*

Medical Attendant.

Address, 31 Gorsuch

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saterday Oct 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Crows

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 9 Months, Days.

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} On board Ship Mid Ocian

Duration of Residence in the City of Baltimore, 8 Month

Place of Death, {Give street and number} Klatty's buildings O Donnell St 2 door W of Curtis St

Cause of Death First, (Primary,) Dentation Marasmus

Second, (Immediate,) Spasms Convulsion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Oct. 17th 1881

Undertaker, Henry Burden

Place of Business, 252 Canton Ave

J E Prichard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 2 0 4 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Harris

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 24 Jenkins Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Old Age

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 17th 1881

Undertaker, Chas T Scriven

Place of Business, 271 Baltimore

Edmund R Walker M. D.
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 52029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederic Kesselring

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 22 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} n Exeter 58

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct 17 1881

Undertaker, Jas P Byrne

Place of Business, Funeral Director *Address,* 124 n Exeter

E. C. Baldwin M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32030

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan F Gorman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Richmond St

Cause of Death, First, (Primary.) Chronic Hepatitis

Second, (Immediate.) Pulmonary & Bronchial Dropsy

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 17th 1881

Undertaker, ~~Jno~~ Jas F Byrne

Place of Business, ~~89~~ Liberty

Chas O'Donovan M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52031 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

Date of Death, October 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Lawrence Bryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* ~~*Months,*~~ 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 56 Baker St.

Cause of death, First, (Primary,) Pertussis.

Second, (Immediate,) Eclampsia.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, October 18.

Undertaker, Walter Immell

Place of Business, 315 W. Biddle

H. Rickert M. D.,
Medical Attendant.

Address, 53 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Schwarm

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 58 yrs

Place of Death, {Give street and number} 78 E Lombard St

Cause of Death, First, (Primary,) Exhaustion & Stomach

Second, (Immediate,) Schirrus Stomach

Duration of last Sickness, 3 three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 19th 1881

W. H. Hammond M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 32033

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William T. Williams

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 106 S. Regester

Cause of Death, First, (Primary.) Inanition ✓

Second, (Immediate.)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Annarundel Co Md

Date of Burial, Oct 17th 1881

R. M. Mansfield *M.D.,*
Medical Attendant.

Undertaker, Denny & Whitelaw

Place of Business, 65 S Broadway *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2361 Transit

Board of Health, City of Baltimore,

Permit No. 52034 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Brand

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 24 *Years,* *Months,* *Days.*

Color, W.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number.} No 60 Block St.

Cause of death, First, (Primary,) Typho Malarial fever & Gastritis

Second, (Immediate,) asthenia

Duration of Last Sickness, 22 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen.

Date of Burial, Oct 17th 1881

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St.

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52035 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Will

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 28 Pratt St.

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,) Pyrexia

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct. 17th 81

Undertaker, M. Franc

Place of Business, 280 Conway Address, 70 So. Broadway

J. L. Wilkins M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 52036

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Skalnik

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 385 E Eager St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 18th 1881

Undertaker, M. Francis

Place of Business, 280 Canton Ave *Address,* Near Balto Broad

E Jos Walls M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Bal...

Permit No. 52039

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Fesler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 320 Forest st-

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Beitzland. York Co, Pa,

Date of Burial, October 17th 1881

Undertaker, H.C. Wiedefeld

Place of Business, 90 Greenmount Ave,

W. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. John st-

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52038 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Duncan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Lee Shville

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, October 16 1881

Undertaker, Charles A White

Place of Business, 88 S. Granby St *Address,* Balt. & Park. Rds.

G. G. Lusk M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52039 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Bunn

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 to 40 years

Place of Death, {Give street and number.} 355 South Charles St

Cause of death, First, (Primary,) Paralysis Apoplectica

Second, (Immediate,) " Paralysis.

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Air Cem

Date of Burial, Oct 18th 1881

Undertaker, B Hoke

Place of Business, 82 West St

Discase Cause M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52040 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Stockman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 199 Boston

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Oct 18th 1881

Undertaker, Leonard Ruth

Place of Business, 129½ S Broadway

M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32041 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Saturday Oct. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evan Augustus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton - Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 177 Raborg St.

Cause of death, First, (Primary,) Pulmonary Phthisis ✓

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Thorp Cemetery

Date of Burial, Oct 17 1881

Undertaker, Wilbur & Dorsey

Place of Business, No 62 [illegible] *Address,* 561 W Fayette st

I, Dimmitt Norris M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52,042 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence E. Belt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 320 S. Paca St

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 17 " 1881

Undertaker, Phil I. Dolle

Place of Business, Columbia Av *Address,* Comm of Health

James A. Steuart M. D.,

~~Medical Attendant.~~ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd W. Fetz Jr. Asst.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda F Manspeaker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 140 S Paca St

Cause of Death {First, (Primary,) Syphilis constitutional

Second, (Immediate,) Exhaustion. Gummata with Bracheal

Duration of last Sickness, 12 Months.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 18th 1881

Undertaker, John Thacher

Place of Business, No 150 Camden

A. Kenny M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 32064 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Shields

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, Cold

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Portsmouth Va

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 112 Long St

Cause of death, First, (Primary,) old age

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 18 1881

Undertaker, W H Bishop

Place of Business, Druid Hill Av

James A Steen M. D.,

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith

OVER.

Board of Health, City of Baltimore,

Permit No. 52045 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Suler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* 27 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 188 Hughes St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 18th 1881

Undertaker, Geo. W. Perkins Jr'g

Place of Business, 130 Hennella St

Thomas A Glenn M. D.,
Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. C. Keating Coroner
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Falk

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 6 mos 11 days

Place of Death, {Give street and number} Rear of Md. White Lead Co's Factory.

Cause of Death { First, (Primary.) ..... Second, (Immediate,) Remittent Fever.

Duration of last Sickness, Three Weeks & Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Alyson's Cemetery

Date of Burial, Oct 20th 17

Robert S. Powe M. D.
Medical Attendant.

Undertaker, B. Hart

Place of Business, 62 West St. *Address,* 923 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52047 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wilbrecht

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 5 mos

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 20 Bartlett st

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, Oct 18th 1881

Undertaker, F. A. Kirchner

Place of Business, S. Conrad Ave

Thos. F. Kemp M. D.,

Medical Inspector

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Charles T. O'Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 52048

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Moran

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 40 Clement st.

Cause of Death, First, (Primary.) Pulmonary tuberculosis

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, October 18th 1881

Undertaker, M. A. Daigler

Place of Business, 74 S. Broadway

P. G. Daniel, M.D.,
Medical Attendant.

Address, 8 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52049

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 Th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} No 24 Dover St

Cause of Death, First, (Primary.) —

Second, (Immediate.) Pulmonary Hemorhage

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 17 1881

Undertaker, S McChase

Place of Business, 198 Howard St

Thos F. Owens M.D.,
Medical Attendant.

Address, No 57 N. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52057 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Walter Hardesty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 35 Randall Street

Cause of death, First, (Primary,)

Second, (Immediate,) Chronic Croup

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. cemetery

Date of Burial, Oct. 19th, 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

O. A. Cooke M. D.,

Medical Attendant.

Address, 244 N. Gay st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Catharine Harper

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 364 Madison St Emergency

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct. 19th 1891

W. Lee Lusby M. D.
Medical Attendant.

Undertaker, Thos. F. Hughes

Place of Business, 60 E. Baltimore St. *Address,* 12 N. Williams St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52052 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Faustus Sirbaj

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 234 S. Durham

Cause of death, First, (Primary,) Laredo Membranous Laryngitis

Second, (Immediate,)

Duration of Last Sickness, About one Week called in 16th

All the above information should be furnished by the Physician.

Place of Burial, Mt. Evergreen

Date of Burial, Oct. 18th 1881

Undertaker, Henry Sander

Place of Business, 962 Eastern Ave

James E. Donnell M. D., Medical Attendant.

Address, 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 52053

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hildebrand

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 7 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Chair Maker = Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 12 Plate Forte Alley

Cause of Death, First, (Primary.) Injury Producing Necrosis

Second, (Immediate.) Remiz

Duration of Last Sickness, About 5 Mos. I saw him first Sept 25th

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem

Date of Burial, Oct 19th 1881

Undertaker, Henry Sander

Place of Business, 262 Eastern Ave

A Gregg Sherfey M.D.,
Medical Attendant.

Address, 11 S. Hoyt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Board of Health, City of Baltimore,

Permit No. 52052

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Pierson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Sewing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 6 S. Calhoun St Between Ramsay & R.R.

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart Disease

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 18 1881

Alexander Tinley M.D.,
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Balto St *Address,* Coroner.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32053 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casandra Kaut

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 85 years

Place of Death, {Give street and number.} 277 N. Biddle St.

Cause of death, First, (Primary,)

Second, (Immediate,) Polypus of the Uterus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 18th 1881

Undertaker, Wm F Gray

Place of Business, 45 Mulberry

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32057 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucas Kirwin

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 154 Battery Avenue

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October-20th

Undertaker, Armstrong & Denny

Place of Business, Light & Monument *Address,* 224 & 226 S Caroll St

Medical Attendant. Osborne M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52057

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Guckert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 164 S. Amer.

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.)

Duration of Last Sickness, (12) Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Old Westminster Bur.

Date of Burial, October 19th

John F. Monmonier M.D.,
Medical Attendant.

Undertaker, Michael Grimes

Place of Business, No 35 Bank St *Address,* S. W. Cor Pratt & Penn

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52058 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Chambers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1056 S. Chapel St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Two Weeks I saw her but one

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, October 19th

Undertaker, John Brown

Place of Business, 224 S. Bethel Str,

M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52059

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 — *Years,* — *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 75 Orleans St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) do —

Duration of Last Sickness, about 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Oct 19/81.

Undertaker, J. D. Rossing

Place of Business, 97 Orleans St. *Address,* 862 Fayette St

C. H. Thorne M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ross

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, Blk

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Petersburg Va.

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number} 163 Sarah Ann St

Cause of Death, First, (Primary.) Age Because have not seen her for Sev[illegible] yrs. but was last Physician

Second, (Immediate.)

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 19. 1881

Undertaker, Hemsley & Maddox

Place of Business, 116 Eutaw and Lt

P. H. Eastman M. D.
Medical Attendant.

Address, 349 W

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Permit No. 52061

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH REPORT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie E. Frampton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 73 South Register Street

Cause of Death, First, (Primary.) Bendo-membranous Croup

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 19, 1881

Undertaker, Jacob Bucher

Place of Business, 224 Canton av.

James S. McShane M.D.,
Medical Attendant.

Address, 69 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5

Board of Health, City of Baltimore,

Permit No. 52062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 18 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Tuesday October 18th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidney Turner,

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 394 E. Madison St.

Cause of Death { First, (Primary,) Diphtheria
, { Second, (Immediate,) Exhaustion &c

Duration of last Sickness, 6 Days,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, October 19th 1887

Undertaker, Wm. Elsen

Place of Business, 101 Gough St

Wilmer Brinton, M. D.
Medical Attendant,

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Board of Health, City of Baltimore,

Permit No. 52063 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Aug 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Second St

Cause of death, First, (Primary,) Said to have had Inflammation

Second, (Immediate,) Dying when I saw him in convulsions a few hours before death.

Duration of Last Sickness, Said to have been about 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 18 1881

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Geo. W. Reynolds M. D.,
Medical Attendant.

Address, Calvert & monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52064 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Travers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 351 Light St

Cause of death, First, (Primary,) Bright's disease of kidneys

Second, (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 18 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

J. C. Buck *M. D.,*

Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 32065 *Office of Registrar of Vital Statistics,* 18 1881

HEALTH DEPT. BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 9 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~ Keeps House

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 27 Warren Av

Cause of Death, First, (Primary.) Malignant Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 19 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

H B Noble M.D.,
Medical Attendant.

Address, 57 Warren Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32066 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT
OCT 18 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fesler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 820 Forest-el-

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) (6)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 18 1881

M. B. Billingslea M.D.,
Medical Attendant.

Undertaker, H C Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 25 E. Jefferson-el-

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2357

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32067

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Seventeenth October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Brown

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 14 *Years,* *Months,* *Days*

Color, Very dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Essex County Virginia

Duration of Residence in the City of Baltimore, About six weeks

Place of Death, {Give street and number.} 57 Vincent alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Oct 18th 1881

Undertaker, Wm H. Burgee

Place of Business, 62 East St

C. H. Strahan M.D.
Medical Attendant.

Address, 590 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2360 Harwood

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52068 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael L. Merriken

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Y

Age, 75 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, Housewife,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 831 W. Balt. St.

Cause of death, First, (Primary,) Senile Gangrene

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Oct. 81

Undertaker, Fry & Son

Place of Business, 81½ Broadway

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32069 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14. October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Euphrasia

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial,

Undertaker, George Shuham

Place of Business, 156 Division St.

Marbury Brewer M. D.,

Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52,070

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17 / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M Nellie Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 234 Argyle ave

Cause of Death, First, (Primary.) Metritis – Puerperal

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 19 / 81

Undertaker, C.H. Bligard

Place of Business, 201 Pa ave

J. H. Keller M.D.,

Medical Attendant.

Address, 89 N Greene St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32071 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th Oct 12½ PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Thos Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 1 Year 8 mos

Place of Death, {Give street and number.} Vincent Alley Baker Lexington St

Cause of death, First, (Primary,) Hooping Cough

Second, (Immediate,) Exposure

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 18th 1881

Undertaker, W. H. Dunger

Place of Business, East St

Wm J. Evans M. D.,
Medical Attendant.

Address 1149 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52072 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th, '81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennetta Gibson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* Seven *Months,* — *Days.*

Color, Dark

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 201 W. Biddle St.

Cause of Death, First, (Primary.) Teething

Second, (Immediate.)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 19

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Wm B Rider, M.D.,

Medical Attendant.

Address, 87 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Adams

Sex, Male or Female, {cross out the word not required in this line.}

Age, Eight *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number} No 4 Cairo st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever eight weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Paint Wd

Date of Burial, Oct 19th 1881

Geo C Ogle *M. D.*
Medical Attendant.

Undertaker, Sam W Chase

Place of Business, 198 S. Howard St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2365 Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52074.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Finnity

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow, or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Labors

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 66 Harrison St.

Cause of Death { First, (Primary,) Apoplexy
Second, (Immediate,) Asphyxia

Duration of last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 18th 1881

Undertaker, D O Byrne

Place of Business,

J H Boarman M. D.
Medical Attendant.

Address, 204 Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balto.

Permit No. 32075

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Sanders

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Queen Anns Co. Md

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number.} 143 Albemarle

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) .....

Duration of Last Sickness, 5 ms.

All the above information should be furnished by the Physician.

Place of Burial, Queen Anns Co

Date of Burial, Oct 19th 1881

G. S. Kinnamon M.D.,
Medical Attendant.

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 73 E. Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2362 Transcribed

No. 52

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th October 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lodos Jones

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 10 *Months,* 12 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } U. E. Lyon Carey & Balto Sts

Cause of Death, { First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 18th 1881

Geo H Lyon M. D.
Medical Attendant.

Undertaker, Henry McMitchell

Place of Business, 550 W Fayette *Address,* 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 52077 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eitel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 245 Hurman St

Cause of death, First, (Primary,) Tuberculosis Pul. ✓

Second, (Immediate,) Apnoea

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Oct. 19th

Undertaker, Mrs S. Kimmel

Place of Business, 317 Mulberry St

G. P. Bullard M. D.,
Medical Attendant.

Address, Balto Howard & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52078 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *to the Undertaker or other person superintending the burial, within twenty-four hours* after the death of said deceased, or *if requested so to do, under penalty of law.*

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not named Father's name Edward Smollen Mother's name Amanda Smollen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 hours *Days.*

Color, colored

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 377 West St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, October 18th

Undertaker, J. Davis

Place of Business, 103 Lee Street

R. H. Hall M. D.,
Medical Attendant.

Address, 26 2 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52079 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Dawkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 509 Mckeldin n. Eutaw

Cause of death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Oct. 17. 1881

Undertaker, Chas. A. White

Place of Business, 95 Granby st *Address,* 238 N. Broadway

Wm L Russell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Tilman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 84 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 100 Sterling St

Cause of Death { First, (Primary,) Dysentery
Second, (Immediate,)

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, October 17 1881 E. B. Fenby M. D.
Medical Attendant.

Undertaker, Chas. A White

Place of Business, 95 Frank st *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 18/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Wehrmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* ... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, From Months.

Place of Death, {Give street and number} Custer St. near Oldenwald

Cause of Death {First, (Primary,) Indigestion / Second, (Immediate,) Marasmus

Duration of last Sickness, Six weeks

All the above Information should be furnished by the Physician.

Place of Burial, 1st Evangelic

Date of Burial, Oct. 20th 1881

Undertaker, Henry Sander

Place of Business, 22 Canton Ave

J. Ernest Martinet M. D.
Medical Attendant.

Address, Custer St Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 52082 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Stiller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 32 Thames St

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem

Date of Burial, Oct 19th 1881

Undertaker, Henry Sander

Place of Business,

Thos H Hearn M. D.,

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Extract G. E. Taylor [Over]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore, 19 188[illegible]

HEALTH BALTIMORE, MD.

Permit No. 52083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah - O'Neill -

Sex, Male or Female, {cross out the word not required in this line.} female

Age, — *Years,* — *Months,* 6 *Days.*

Color, white -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nil

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 37 N Front St Bulk-

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 37 N Front St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Rd Cathedral Cem

Date of Burial, Oct 19th 1881

D. Sheell M. D.
Medical Attendant.

Undertaker, Jno F. Weaver & Co

Place of Business, 422 W Fayette St *Address,* 143 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. BULLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Bal...

Permit No. 32084

Office of Registrar of Vital Statistics OCT 19 188...

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, to the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Bo Lynch

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 56 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland — 32 years in U S

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } 19 Concord St —

Cause of Death, First, (Primary.) Accidental fall from window Oct 15th 1881

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cem:

Date of Burial, October 20th

Undertaker, Wendell Tippet

Place of Business, Bond St 151

Edm'd R Walker M.D.,
Medical Attendant.

Address, Coroner's Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52085

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH OCT 19 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or earlier if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 Oct 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma R. Rial

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 60 *Years,* 1 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 17 Parsons St.

Cause of Death, First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Oct 19th 1881

Undertaker, John S Thacher

Place of Business, No 150 Camden

E. Duncan M. D.
Medical Attendant.

Address, 108 Paca

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore.

Permit No. 32086

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliet E. Boehme

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 68 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, Abt 35 years

Place of Death, {Give street and number} 128 Hanover

Cause of Death { First, (Primary,) Cancer

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 19th 1881

Undertaker, John Meagher

Place of Business, 16 150 Camden

Robt L Knapp M. D.
Medical Attendant.

Address, 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52087

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Shaffer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 298 S. Sharp St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Valvular Dis. of Heart.

Duration of Last Sickness, 12 Months.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct. 20th

Undertaker, Henry Brick

Place of Business, Hanover St. & Pratt

R. J. H. Tull M.D.,

Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52088 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Herzog

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 419 E. Alleanna St

Cause of death, First, (Primary,)

Second, (Immediate,) Insanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 19th 1881

Undertaker, H. M. Gilmeyer

Place of Business,

James Steuart M. D., ~~Medical Attendant~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52089

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
OCT 19 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Abt 20 years

Place of Death, {Give street and number.} 109 Albemarle St

Cause of Death, First, (Primary.) Phthysis Pulmonalis & — Hemorrhage

Second, (Immediate.)

Duration of Last Sickness, About 1 year or more

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Oct 19th 1881

Undertaker, James P Byrne

Place of Business, 163 N Front St

G A Johnes M.D.,
Medical Attendant.

Address, 86 E Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1

Board of Health, City of Baltimore.

Permit No. 520911 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1891 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. R. Steward

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 6 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} 219 Bal. Ave.

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, October 19.

Undertaker, B. Hanlo

Place of Business, 62 West St.

A. Hoff Ellis M. D.,
Medical Attendant.

Address, 313 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 52091 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 17th October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reinhardt Lüttmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Wolfert # 52.

Cause of death, First, (Primary,) Dentitio

Second, (Immediate,) Convulsions

Duration of Last Sickness, 30 hours

All the above Information should be furnished by the Physician.

Place of Burial, St Peters, Cem

Date of Burial, Oct 19th 81

Undertaker, M. France

Place of Business, 190 Caston

William Henkel M. D., Medical Attendant.

Address, S. Wolfert 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 52092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Jane Harris

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number} 118 Jefferson St

Cause of Death, {First, (Primary,) —

Second, (Immediate,) Hydropericardium

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, In E Burial Cemetery

Date of Burial, Oct 20 / 81 Dr C Benzinger *M. D.*

Medical Attendant.

Undertaker, Fry Bro

Place of Business, 81 N Broadway *Address,* Bloor Bet Wolfe & Patterson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 0220

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52093

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora. Gauld

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, Five (5) *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Gelstons court No 38

Cause of Death {First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Suffocation

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lawel Cemetery

Date of Burial, 19 Oct 1881

Undertaker, L. T. Nonnath

Place of Business, Cor. Pratt & Scott Sts.

T. Chew Worthington, M. D.
Medical Attendant.

Address, 373 W. Fayette, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52094

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 18. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Baker

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs 4 mos

Place of Death, {Give street and number.} 6. Monroe al. (Vincent)

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Cachexia.

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Thorpidit Cemetery

Date of Burial, Oct 19 1881

Herbert Harlan M.D.,
Medical Attendant.

Undertaker, William Berger

Place of Business, No 62 East Street *Address,* 246 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0226

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, OCT 21 1881 BALTIMORE, MD.

Permit No. 52095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W Collison

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 170 S. Eutaw

Cause of Death, { First, (Primary,) Diphtheria / Second, (Immediate,) }

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 21st Oct 1881

J. C. Burch *M. D.*
Medical Attendant.

Undertaker, E. V. Stoll

Place of Business, 131 Hanover St Balt.

Address, 15 1 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 18th of October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarethe Appel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 157 S. Paca str

Cause of Death, First (Primary,) Weakness, old age

Second (Immediate,) Gastro enteritis

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 20th 1881

Undertaker, Wm. J. Tilden

Place of Business, 65 S. Eutaw st *Address*

Adolph Boehm, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52,097

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 19 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 17th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Ruse

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Elliott City Maryland

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} 115 E Biddle St

Cause of Death, First, (Primary.) Typhoid Malarial Fever

Second, (Immediate.) Congestion Chill

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, Oct 19th 1887

Undertaker, Wm H. Hakman

Place of Business, 234 N Gay St.

APP Yeates M.D.,
Medical Attendant.

Address, 137 N Holliday

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52098 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret E. Claxille

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 491 Franklin

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 19 1881

Undertaker, Meeth & Shields

Place of Business, 60 Carrollton Ave

O. A. Cooke M. D.,
Medical Attendant.

Address, 244 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Octavia A. Shreve

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Louisville Ky.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 50 N. Madison St

Cause of Death, {First (Primary,) Phthisis; Second (Immediate,) Asthenia}

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Louisville Ky

Date of Burial, Oct 19th 1881

F. E. Chataud M.D.
Medical Attendant.

Undertaker, H. C. Justice & Son

Place of Business, 75 N Char St

Address 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2366 Trans

[OVER.]

No. 32100

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, OCT 19 1881

Permit No. 32100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 18th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Marchetz.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor Randal & Clarkson Sts.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) F. Croup.

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 19th 1881

L. O. Harrington M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharpe Cross & Address, Cor Crow & Light Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. SOLLADY & CO. CITY PRINTERS AND STATIONERS.

No. 52101

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52101

HEALTH DEPARTMENT
OCT 19 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Stewart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, R. R. Brakeman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 193 Vine St

Cause of Death, First, (Primary.) Compound Comminuted Fracture below Knee

Second, (Immediate,) Septicaemia with Tetanus

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct. 20 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

Thos. S. Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52102 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Meeker

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 44 N. Poppleton

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) .....

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Oct. 20' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

O & Cooke M. D.,
Medical Attendant.

Address, 244 N. Canon st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2363 Transit

Board of Health, City of Baltimore,

Permit No. 52103 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danl Burton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Brass Finisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N 420 W Lombard St

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, Three (3) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 20th 1881

Undertaker, Jos. B Coots

Place of Business, No 707 N Baltimore street

H. M. Thurston M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32104

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 3 *Months,* 0 *Days.*

Color, Dark copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} No 31 Bolden st

Cause of Death, First, (Primary.) Unknow

Second, (Immediate.) Convulsions

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 19 1881

Undertaker, Jos L. Jones

Place of Business, 63 Pratt ave

B. F. Lothian M.D.,
Medical Attendant.

Address, cor Dolphin & Fulton

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52105

Office of Registrar of Vital Statistics.

REGISTRAR'S DEPARTMENT, OCT 19 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N. 280 Cross St.

Cause of Death, First, (Primary.) Diphtheria Maligna

Second, (Immediate.) Prostration

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 20 1881

Undertaker, C. F. Krause

Place of Business,

O. L. Buddenbaum M.D.,
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52106 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEATH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Horky

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia (Europe)

Duration of Residence in the City of Baltimore, one year

Place of Death. {Give street and number.} No 224 N. Durham st

Cause of death, First, (Primary,) Malarial fever

Second, (Immediate,) Dropsy

Have not diseased once since Oct 18th was given to Health Co.

Duration of Last Sickness, ten weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Alfonses. Ce.

Date of Burial,

Undertaker, F. Shimek

Place of Business No. 58 Duncan st.

G O Wiltberger M. D., Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32107

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 19 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lingeman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany (46 yrs in Am)

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give street and number.} O'J. Hospital

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsas Cem

Date of Burial, Oct. 20' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

Chas. L. McCarty M.D., Medical Attendant.

Address, 188 W Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, OCT 19 1881

Permit No. 52108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. Clark.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor Abbys Alley Williamson sts.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) S. Croup

Duration of last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 20 [illegible] 81

Undertaker, Mrs Hasle

Place of Business, West st & Light st Willian

I. O'Hanuegtau, M. D.
Medical Attendant,

Address, Cor Cross & Light Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52109

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

OCT 20 '88

CERTIFICATE OF DEATH.

Date of Death, Oct 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 108 Patterson av

Cause of Death, First, (Primary.) Malarial & Rheumatism

Second, (Immediate.) Rheumatism Heart

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Oct 20th 1881

Undertaker, Geo B Lamb

Place of Business, 1767 W Baltimore Street

Alexander Insley M.D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52110

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 20 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L. Henry.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colord.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath. Eng.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 61 Robinson St.

Cause of Death, First, (Primary.) Intussusceptio.

Second, (Immediate.) .....

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, Oct. 20th 1881

Jas L. McShane, M.D.,
Medical Attendant.

Undertaker, Danl. W. Chase

Place of Business, 198 S. Howard St. *Address,* Fayette & Howard Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, [illegible], age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of [illegible] deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32111

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 20 '38
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Octo 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~W. B. & C~~ Councille Herenee B

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 160 N. Eutaw St

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give street and number.} 160 N. Eutaw St

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 20th

Undertaker, W. B. Councell

Place of Business, 160 N. Eutaw St

J. Ginglin M.D.,
Medical Attendant

Address, 152½ N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52112 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 20 '38, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Lee Barnes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Nineteen *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 366 East Baltimore

Cause of Death,
First, (Primary.) Typhoid fever
Second, (Immediate.) Congestion of the brain.

Duration of Last Sickness, About five weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 21/81

Undertaker, Fry & Son

Place of Business, 87 & Broadway

Milton A Taylor M.D.,
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62113 *Office of Registrar of Vital Statistics.* Ward 9 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 20 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Cooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 St. Paul St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Oct 20th 1881

Undertaker, Thos L. Locke } James A Steuart M. D.,

Place of Business, ~~~ } Medical Attendant.

Address, Comm of Health & Registr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 '88

CERTIFICATE OF DEATH.

Date of Death, October 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Appleton Russell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 14 0 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 66 Leider Alley.

Cause of Death { First, (Primary,) Uraemia / Second, (Immediate,) Asphyxia

Duration of last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mays St. Cemetery

Date of Burial, Oct 20 '88

Undertaker, Jas C. Jenkins

Place of Business, 62 Park ave

C. H. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32151

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonora Gibson

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 0 *Years,* Ten *Months,* *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, {Give street and number.} No 35 Little Georgett

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 20th 1881

Undertaker, W. Chase

Place of Business, Howard St

C. F. Buchanan M.D.,
Medical Attendant.

Address, Cor Howard & Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52116 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 20 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Phoenix

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, / *Years,* / *Months,* / *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, /

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, /

Place of Death, {Give street and number.} 81 Hark St

Cause of death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Asthenia

Duration of Last Sickness, /

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 20th 1887

Undertaker, Jno. H. Chase

Place of Business, 19 E. Howard St

C. W. Booze *M. D.,*
Medical Attendant.

Address, 206 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5722 17 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H DEPART
OCT 20 188
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Knox,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 5 *Years,* 9 *Months,* *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 134 Fairmount Ave

Cause of death, First, (Primary,) Infantile Remittent Fever,

Second, (Immediate,) Spinal Disease

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 21st

Undertaker, Henry Sander

Place of Business, 250 252 Can. Av

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Pratt sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32118 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stoll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 79 Wilhelm Street

Cause of death, First, (Primary,) Acute Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 21 th

Undertaker, John P. Paulus

Place of Business, 66 Fredrick Ave

John Neff M. D.,
Medical Attendant.

Address, 204 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52119

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can Be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 20 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harvey Schenckel

~~Sex~~ *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Westminster Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Franklin St between Paca & Green

Cause of Death, First, (Primary.) Intestinal Inflammation

Second, (Immediate.) Peritonitis

Duration of Last Sickness, About One Week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebr. Cemetery

Date of Burial, Oct. 20th 1881

Undertaker, John Cashman

Place of Business, Balt. St.

Chas C Simons M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52120

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
OCT 20 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B. Ricketts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 11 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Type Foundry

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 118 S. Bond St

Cause of Death, First, (Primary.)

Second, (Immediate.) Inflammation of the Bowels,

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount-Cem.

Date of Burial, Oct 22nd/81

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway

Nicholas L. Dallwill M.D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5212/

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Gross.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 9 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} # 195 Hamburg St -

Cause of Death, First, (Primary.) Hypertrophy of the heart

Second, (Immediate.) "

Duration of Last Sickness, 2 d.

All the above information should be furnished by the Physician.

Place of Burial, Ohab Shalom

Date of Burial, Oct. 21st 81

Undertaker, H J Turner

Place of Business, 65 S Eutaw

Sat, 12 Oct M.D.,

Medical Attendant.

Coroner

Address, 161 S Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 20 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 19 Oct 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 Baltimore Ave

Cause of Death {First, (Primary,)} Typhoid Fever

{Second, (Immediate,)} 2 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cem.

Date of Burial, Oct 20

Undertaker, B. Harle

Place of Business, 82 West St.

Geo. H. Denson M. D.
Medical Attendant.

Address, 54 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32123 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 20 1887, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philomena Sokolnick

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 39 — *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West-Prussia Germany.

Duration of Residence in the City of Baltimore, Nine & Half Year. (1/2)

Place of Death, {Give street and number.} No 5 Elizabeth Lane

Cause of death, First, (Primary,) Child Birth

Second, (Immediate,) Congestive Chill

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 21

Undertaker, B. Mark

Place of Business, 42 West St

O A Cooke M. D.,
Medical Attendant.

Address, 244 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52124 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Hansen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Lived 8½ hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 41 Randall st

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, April 20

Undertaker, B. Hart

Place of Business, 82 West St

Q. A. Cooke M. D.,
Medical Attendant.

Address, 244 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52125 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate (*accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 20 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fortman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 6 Hall St

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 21

Undertaker, B. Hall

Place of Business, 82 West St.

O. A. Cooke M. D.,
Medical Attendant.

Address, 244 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52126 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannie A Clark Crowder

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 1/24 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 238 E. Madison St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 20 "1881

Undertaker, C. E. Crowder

Place of Business, 238 E. Madison

I Thos A Steiner M. D., ~~Medical Attendant~~.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Examined by Jos. P. Smith

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52127

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 20 1887 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18th 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Pack

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 88 Mulliken St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 21 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 20/88 H. H. Grove, *M.D.,*

Medical Attendant.

Undertaker, Chas. A. Wilmer

Place of Business, 85 Ramsay *Address,* 137 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 52128 Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 20 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Bittner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 10 *Months,* 2 *Days.*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 14 Cutter St

Cause of death, { First, (Primary,) Diptheria
Second, (Immediate,) Diptheria

Duration of Last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, Lou. Peters Cemetery

Date of Burial, Oct. 20th

Undertaker, Wentell Dysart

Place of Business, 1 Balto. St.

D. L. Wilson M. D.,
Medical Attendant.

Address, Co. Branch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52129

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 20 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Oct. 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Knapp

Sex, Male or Female, {Cross out the word not required in this line.} man

Age, 68 *Years,* — *Months,* — *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Conn.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and number.} 232 Franklin St.

Cause of Death, First, (Primary.) Pneumonitis

Second, (Immediate.) Apnoea

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 24th October

Undertaker, Matthew Carlough

Place of Business, 227 Mulberry St

E B Bullock M.D.
Medical Attendant.

Address, Howard Street Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18/81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Teresa McNeive

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number.} 69 Hollins St. Balt

Cause of Death, First (Primary,) Consumption

Second (Immediate,) +

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery *Date of Burial,* 20th October

Undertaker, Matthew Cadogan *Place of Business,* 227 Mulberry St

A. A. Ruggan M. D. Medical Attendant.

Address 1194 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wellenreuther
Wellenreuther

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 43 Wilkens Ave.
Burn

Cause of Death First, (Primary,)

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cemetery

Date of Burial, October 21st 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

J. Hellenberg M. D.
Medical Attendant.

Address, 369 E. Baltimore St.

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52132

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anne Ott

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 102 Battery ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Ascites & peritonitis

Duration of last Sickness, 14 days 16 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 21 oct

Undertaker, B. Harle

Place of Business, 82 West St.

Geo. G. Brewer M. D.
Medical Attendant.

Address, 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52133 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella May Bennett

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 157 Johnson st

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Peritonitis — from Perforation of Intestine

Duration of Last Sickness, Sixty (60) days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Oct 22d 1881

Undertaker, Julius Rackles

Place of Business, Sharpe Corner *Address,* 119 Dunnelson Ave

J. Harvey Hill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52134

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 21 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 20 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Caroline Mansfield

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Sixty~~ Seventy *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, {Give street and number.} 180 N. Gilmore

Cause of Death, First, (Primary.) Chronic Dispepsia

Second, (Immediate.)

Duration of Last Sickness, Many months

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels

Date of Burial, Oct 21st 1881

Undertaker, Philip Seewald

Place of Business, No 30 S[illegible] *Address,* 584 W Fayette St

L. G. Leitch M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 52135. *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 21 1881, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 19th Oct 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hurley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years.* 4 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 70 Hamburg st

Cause of death, First, (Primary.) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 21st 1881

Undertaker, Joseph F Byrne

Place of Business, 59 Liberty

H. W. Webster M. D.,
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32136

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 21 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 8th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Albeidus Morgan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* One *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 15 Patterson Pl.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Oct. 21 1881

E. Williams M.D.,
Medical Attendant.

Undertaker, Henry Saudler

Place of Business, 452 Canton Ave

Address, 2 Patterson Pl

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52137

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 21 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Reagan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } V

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 129 Hudson St.

Cause of Death, First, (Primary.) Pneumonia and

Second, (Immediate.) Malaria

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Oct 21st 1881

Undertaker, Henry Sexton

Place of Business, 252 Canton Ave

E. J. Williams *M.D.,*

Medical Attendant.

Address, 17 Patapsco St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the necessity for the accurate filling of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32138

HEALTH DEPARTMENT
OCT 21 1887
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th October 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Wilhelm Thiers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 2 *Months,* 16 *Days.*

Color, white.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigarmaker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since 9 years

Place of Death, {Give street and number} 146 East Bank Str.

Cause of Death First, (Primary,)

Second, (Immediate,) Phthisis pulmonalis.

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Oct. 22nd 87

Undertaker, Henry Deas

Place of Business, 352 Alice Anna St.

Robert Dunbar dentist M. D.
Medical Attendant.

Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52139 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura L. McDonald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number.} 75 Granby

Cause of death, First, (Primary,) Phthisis Pulmonary

Second, (Immediate,) Oedema

Duration of Last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 21st 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J. L. White M. D., Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52140

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 20th October 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Armistead Wyman.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eighty three (83) *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Lady.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Clarke County, Virginia.

Duration of Residence in the City of Baltimore, Forty four years.

Place of Death, {Give street and number.} 97. Park Av. Baltimore.

Cause of Death, First, (Primary.) Sclerosis of Spine.

Second, (Immediate.) Paralysis.

Duration of Last Sickness, about three years.

All the above information should be furnished by the Physician.

Place of Burial, Clarke Co. Va.

Date of Burial, 23rd Oct. 1881

W. C. van Bibber M.D.,
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St. *Address,* 47 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2367 Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32,141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Amelia L Newcomer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 53 *Years,* 3 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 106 W Monument

Cause of Death, First (Primary,) Cardiac Disease

Second (Immediate,)

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, Oct 22nd 1881

Undertaker Hy. W. Jenkins & Son

Place of Business, 75 N Charles St.

Wm M Kemp M.D.
Medical Attendant.

Address, 55 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 21 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Anna MacPherson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 40. Bolton Street

Cause of Death, First (Primary,) Ovarian Tumor!

Second (Immediate,) Intussusception & Ulceration caused Peritonitis.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Friend Ground

Date of Burial, October 23rd 1881

Undertaker, Stewart & Mowrer

Place of Business, 35 Park Avenue

A. F. Bell M. D.
Medical Attendant.

Address 234 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 52143

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, OCT 21 1881 BALTIMORE.

Permit No. 52143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie A. Tighe

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 14 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 156 Pearl St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 21 1881

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front st *Address,* 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6721 [illegible]

HEALTH DEPARTMENT
OCT 21 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Oct 20th 1881.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Sanderson,

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married.

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 216 N. Eden St.

Cause of Death First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 22 1881

Undertaker, James P Byrne

Place of Business, No 63 N Gay St *Address,* 25 1/2 Greenmount Ave.

Wilmer Bantow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 21 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Burkett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 26 Yrs

Place of Death, {Give street and number.} 237 S Butler St

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Heart Disease

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Mathews cemetry

Date of Burial, October 21

Undertaker, John Brown

Place of Business, 224 S. Bethel St

Chas H Moffett *M.D.,*

Medical Attendant.

Coroner

Address, 69 E Bute St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 21 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C Yeager

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 89 E Popplelon

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.) 4 4

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct. 22. 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 39 N. Carey

Thomas O'Sie M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52147 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 21 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bradley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 23 Henrietta St

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem'l

Date of Burial, Oct 22nd 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Eighth St

O. A. Cooke M. D.,
Medical Attendant.

Address, 244 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52148

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 20, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Ogan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 873 W Pratt St

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 22nd October

Edmund Body *M.D.,*

Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry *Address,* 319 Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,149 *Office of Registrar of Vital Statistics.* Ward 6 & 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McKinsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Petersburg Virginia

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 113 Mulberry St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 20 1881

Undertaker, William Lingo

Place of Business, 62 East St

Geo E Gwinn M. D.,
Medical Attendant.

Address, 199 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ses on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dent

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 503 Harford avenue

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,) (Apnoea)

Duration of Last Sickness, About Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 22d

Undertaker, H. C. Weidefeld

Place of Business, 70 Greenmount av

Aug. A. Elwell, M. D.
Medical Attendant.

Address 503 Harford avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 32,157 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th. October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Moevers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 4 *Months,* *Days.*

Color, White

~~Single~~, Married, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Oppen, Prussia, Germany 34 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Fayette St. 506.

Cause of death, First, (Primary,) ? Marasmus senilis

Second, (Immediate,) 4

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Ctly hongus

Date of Burial, Oct 22 81

Undertaker, M. Frazer

Place of Business, 920 Canton Ave

William Heneal M. D.,
Medical Attendant.

Address, E. Wolfe St 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52152 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Weber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* 3 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, housework

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} N° 12 Lee Street

Cause of Death, First, (Primary.) Duodenal Ulceration

Second, (Immediate.) Obstruction of Ductus Choledochus.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, West. Cemetery

Date of Burial, Sunday Oct 23

Undertaker, Mr Kraus

Place of Business, N° 20 Canova *Address,* 163 W. Lombard St

Henry Slater M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Caspes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Not Less Three Months

Place of Death, {Give street and number} No 66 Essex St

Cause of Death First, (Primary,) Cyst Sebaceous Dermoid

Second, (Immediate,) Tabes Glandularis

Duration of last Sickness, Heart 6 Weeks as near as can be ascertained

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, October the 22nd 1881

Undertaker, H. A. Gilmore

Place of Business, 16 W. Eutaw St.

A. Poe M. D.
Medical Attendant.

Address, 149 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52157

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian H. J. Franck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Piano Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 29 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 82 Russell st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Prostration

Duration of Last Sickness, 2 years 3 Months

All the above information should be furnished by the Physician.

Place of Burial, London Presb. Cem.

Date of Burial, Oct. 23.

Undertaker, John Tenfel

Place of Business, 796 W. Balto. st.

D. L. Buddenbohn M.D.,
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32155

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kimball.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83 Hill St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pericarditis

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 23 / 1881

R. J. H. Tall, M.D.,
Medical Attendant.

Undertaker, C. F. Krauss

Place of Business, 209 Hanover *Address,* 152 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52.156

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Auld.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* , *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship carpenter.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland. (Past unknown)

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give street and number.} 24 Church St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption.

Duration of Last Sickness, about 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 23 1881

Undertaker, C F Kraus

Place of Business, 209 Saratoga *Address,* 152 S. Sharp St.

R. J. N. Tall, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Auth

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 122 Johnson St

Cause of Death { First, (Primary,) Diphtheria
, { Second, (Immediate,) .....

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct. 23 1881

Undertaker, B. Hasley

Place of Business, West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 823 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joshua Griffin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 *Years,* 9 *Months,* 21 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Stevedore

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Four Years

Place of Death, { Give street and number. } # 30 Little Belcher St

Cause of Death, { First (Primary,) Congestion of Brain
Second (Immediate,) 20 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 22 Oct 22 " " 1881.

Undertaker, Theodore J Locks

Place of Business, 73 Jefferson St

J Edmund Gorsuch M. D.
Medical Attendant.

Address Dr Sergeant & Hayes Block

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52159

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct- 21st, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Francis Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Maryland,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 450 Eutaw Place.

Cause of Death, First, (Primary.) Neuralgia of the Heart ?

Second, (Immediate.) Asthenia

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas' Church yard Garrison Forest Balto Co.

Date of Burial, 23rd October 1881

Alan P. Smith M.D.,
Medical Attendant.

{*Undertaker,* H. H. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,160 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Hamod

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 49 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 221 Eutaw St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 24

Undertaker, J. W. Perkins & Co

Place of Business, 130 Henrietta St

C. S. Boze M. D.,
Medical Attendant.

Address, 206 Shapley St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32161 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard G. German

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Three *Years,* Nine *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County, Md

Duration of Residence in the City of Baltimore, Three Weeks

Place of Death, {Give street and number.} No. 290 E. Madison St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, 5 mile Harford road,

Date of Burial, Oct. 24th 1881.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Wm H Clendinin M. D.,
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice; to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52162 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 22 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lew H Harman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* & Six *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, (Iceland) ✓

Place of Death, {Give street and number.} 135 Aisquith St

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 23 Wm D Blake M. D.,

Undertaker, H Ross Medical Attendant.

Place of Business, 25 Conway St *Address,* 168 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52163 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hansen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dublin Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 36 Morris alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Lobar Pneumonia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Oct. 23rd 1881

Undertaker, Saml H Chase

Place of Business, 198 S. Howard St

R. M. Hall M. D.,
Medical Attendant.

Address, 26 2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans. 2868

Board of Health, City of Baltimore,

Permit No. 52164 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 21" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Beckner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 8 Barney st

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diptheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery.

Date of Burial, Oct 23rd

Undertaker, B. Hanke

Place of Business, 82 West Pr

O A Cooke M. D.,
Medical Attendant.

Address, 244 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52165 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 22 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, October 22" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heckner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 8 Barney st

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery.

Date of Burial, Oct 23rd

Undertaker, C. Deale

Place of Business, 52 West St

O. A. Clarke M. D.,
Medical Attendant.

Address, 244 E. Barney st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52166 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Ann Christina Sibert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 106 Randall Street

Cause of death, First, (Primary,)

Second, (Immediate,) Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 23rd

Undertaker, B. Harlen

Place of Business, 182 West Pr

C. A. Cooke M. D.,
Medical Attendant.

Address, 244 S. Careys St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52167 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Low Chandlee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 548 Hanover Street

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Oct 23rd

Undertaker, W. Hanle

Place of Business, 82 West St

C. A. Cooke M. D.,
Medical Attendant.

Address, 244 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52168 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 21" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Bund

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 353 S. Charles St

Cause of death, First, (Primary,) Dy Thenia

Second, (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 23rd

Undertaker, B. Starke

Place of Business, 82 West St

De Abbotte M. D.,
Medical Attendant.

Address, 244 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Koons

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 3 Green's Court

Cause of Death { First, (Primary,) Cholera infantum / Second, (Immediate,) Asthenia

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 23rd

Undertaker, B. Starke

Place of Business, 82 West St

Wm Gondel M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

Permit No. 52170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Burke

Sex, Male or ~~Female~~, {cross out the word not required in this line.} ..... *Days.*

Age, 49 *Years,* ..... *Months,* .....

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and number} 390 South Charles St

Cause of Death { First, (Primary,) Syphilis Ulceration of the Submaxillary & Cervical glands
Second, (Immediate,) }

Duration of last Sickness, 17 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 23d 1881

Undertaker, T. Filgner & Co.

Place of Business, 109 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 323 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32171

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 7 May st

Cause of Death, First, (Primary.) Ft

Second, (Immediate.) Marasmus

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cem

Date of Burial, Oct 22. 1881

Undertaker, Wm Flohr

Place of Business, 63 N Eden St *Address,* 137 Eden

[illegible] *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 51172

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 22ND 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 20 October 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Nolte

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 30 *Years,* 5 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation, musician

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Homburg Prussia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } 1 Caroline N 1

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) 6 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, I Peters Cemetery Canton

Date of Burial, Oct 23 d

Undertaker, H Dryer

Place of Business, 1 Bond ST

L. T. Reinhard M. D.
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 22173

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schedel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 S. Wooster

Cause of Death, First, (Primary,) Gynanchy Tracheales

Second, (Immediate,) 7 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lafayette Cemetery

Date of Burial, Oct 23 a

Undertaker, E. Degnel

Place of Business, 3 Saratoga St

Dr. Elsner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52174 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. Burger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 335 East Pratt Street

Cause of death, First, (Primary,) Dentition — Gastro-Enteritis

Second, (Immediate,) Collapse

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

James F. McShane M. D., Medical Attendant.

Undertaker, Elisha Cook

Place of Business, Bank St *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52175 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 21 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathila N Doyle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years,* ~~*Months,*~~ 19 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} 164 Hedgewick St

Cause of death, First, (Primary,) Bronchio Pneumonia Caseo Pachromia

Second, (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 23rd

Undertaker, George Schilling

Place of Business, Ashland Avenue

A Aronson M. D.,
Medical Attendant.

Address, 145 Hedgewick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen E. Patterson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 108 N Shroeder st

Cause of Death First, (Primary,) Laryngeal Croup

Second, (Immediate,) Capilary Bronchitis

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 22

Undertaker, C W Blizard

Place of Business, 201 Aisquith

John L Plummer M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pauline J. Painter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 13 *Months,* 23 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 2 Spring St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) "

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Comtery A. C. Watson M. D.

Date of Burial, Oct 23 1881 Medical Attendant.

Undertaker, Henry Hugh Address 437 N. Central ave

Place of Business, 329 Eastern ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brauke

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kingdom of Bavaria Town of Klemostheim

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N. E. Cor Fonhard & Eutaw Sts

Cause of Death {First, (Primary,) Disease Unknown

{Second, (Immediate,) Dropsy

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Oct 24/81

Thomas Shearer M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS, Park Ave.

Place of Business,

Address, No 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52,179 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline White

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Mud work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 Granby

Cause of death, First, (Primary,) Cancer of Uterus

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 22. 1881

Undertaker, Chas. F. Thut

Place of Business, 35 Granby

Geo. Keyzer M. D.,
Medical Attendant.

Address, Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Devan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} Ivy alley # 1

Cause of Death { First, (Primary,) Mitral regurgitation
Second, (Immediate,) Oedema of Lungs

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Oct 23d 1891

Undertaker, Wm J Gray

Place of Business, 65 Mulberry

Wm Gombel M. D.
Medical Attendant.

Address, 170 N. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22-81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Heberton Kerr

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 32 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 152 St Paul St

Cause of Death First, (Primary,) Consumption of the Lungs

Second, (Immediate,) Asthenia

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 24/81

Undertaker, Merrick Jr

Place of Business, 92 Milton Ave

John J. King M. D.
Medical Attendant.

Address, 215 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52182

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Elwood Armacost

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 28 *Years,* 2 *Months,* 10 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Conductor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 342 Stricker St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 23rd 1881

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw

C. J. Cusick *M.D.,*

Medical Attendant.

Address, Cor Pratt & Pentz Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Leutt

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Light Brown

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Eden Alley

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Acute Phthisis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Oct 23rd 1881

Undertaker, Chas T Sarrine

Place of Business, 271 N Eutaw St

John Dixon M. D.
Medical Attendant.

Address, 26 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52 184 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Hadup

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 214 Burgundy St

Cause of death, First, (Primary,)

Second, (Immediate,) Trismus Nascentium

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mound Street Bur

Date of Burial, Oct 23d 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts

Low D Blake M. D., Medical Attendant.

Address, 16 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Seena Robets,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 60 *Years,* *Months,* *Days.*

Color, Negress, *Sex,* F.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge, Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 184 Chestnut Alley,

Cause of Death, First (Primary,) Cerebral Softening,

Second (Immediate,) Apoplexy, √

Duration of Last Sickness, 8 mos —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 23d 1881

J. L. Ingle M. D.
Medical Attendant.

Undertaker, Sam'l. W. Chase *Address* 247 Lawsale st.

Place of Business, 193. E. Howard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52,186 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ~~~ *Years,* ~~~ *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 237 West St. between Hanover & Gradenhall

Cause of death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Oct 23rd 1881

Undertaker, L. A. Kerchner

Place of Business, ~~~

Wm. A. Steuart M. D.,
Medical Attendant.

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by John E. Dwyer

[over.]

Board of Health, City of Baltimore,

Permit No. 52187 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 23 1881 BALTIMORE, MD.

Date of Death, Oct 22, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Dimick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 10 *Days.*

Color, ...

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} S. W. cor Wolfe & Chase

Cause of death, First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 24 1881

Undertaker, John W Jackson

Place of Business, 528 N. Gay St

S. W. White M. D.,
Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22nd 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bracomier

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 Years, Months, 20 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Since nine months old

Place of Death, {Give street and number} 213 N. Eutaw St

Cause of Death, First, (Primary.) Congestion & Pneumonia
Second, (Immediate,) Exhaustion

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 24th 1881

W. B. Griffith M. D.
Medical Attendant.

Undertaker, [illegible] Barlow

Place of Business, 62½ W. Baltimore St. Address, 214 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52,189

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Aug 21st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick & Ann Lane Mary

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland Lifetime

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 271 Hanover St

Cause of Death, First, (Primary.) Pneumonia Bronchi

Second, (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 23rd 1881

Edmund P. McDevitt M.D.,

Medical Attendant.

Undertaker, Wm H. Heckman

Place of Business, 234 N. Gay St *Address,* 162 E Calhoun St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32190

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE MD. OCT 23 1881 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Marguette Roll.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty four *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty one years

Place of Death, {Give street and number.} Lemon St. near Pulaski St.

Cause of Death, First, (Primary.) Chronic Pleurisy

Second, (Immediate.) ——

Duration of Last Sickness, Twenty three ~~years~~

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount~~ Olivet

Date of Burial, Oct 24 1881

Undertaker, Frank Stripling

Place of Business, 871 W Fayette St

J. R. Smithson M.D.,
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52191 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. HEALTH DEPARTMENT OCT 23 1881

CERTIFICATE OF DEATH.

Date of Death, October 22" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Howard Gorr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Every Life

Place of Death, {Give street and number.} 109 Leadenhall Street

Cause of death, First, (Primary,) .....

Second, (Immediate,) Tetanus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetery

Date of Burial, Oct 24 80

Undertaker, Anthony Barry

Place of Business, No 263 Balt St Address, 244 N. Caroy St

Q. C. Cooke M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 22. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Tarleton

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 20 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} St. Mary's County Md

Duration of Residence in the City of Baltimore, Visiting Balt. 15 days

Place of Death, {Give street and number.} Mill Street No 23.

Cause of Death, First (Primary,) Pneumonia (Typho Malarial)

Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Saint Mary's Co Md

Date of Burial, Oct 23 &

Undertaker, Anderson & Dana

Place of Business, No 2639 Eastern

J. A. Baden M.D.
Medical Attendant.

Address, 168 N. Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age aud condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2369 Iron

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 10 *Months,* ..... 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 Enson St.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Oct 23 1881

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Theodore Glocker

Place of Business, 73 Jefferson *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52194 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine McKeans

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}.....

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color,.....

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}.....

Occupation,.....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 5 weeks.

Place of Death, {Give street and number.} 394 E Madison St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Congestive Fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 24 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 228 N Broadway

Wm. E. Russell M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52195 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct. 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Chas. Towson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 2 *Months,* 18 *Days.*

Color, white.

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Retired Gentleman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number.} 403 Franklin Ave.

Cause of death, First, (Primary,) Age

Second, (Immediate,) Enlarged Prostate Gland

Duration of Last Sickness, Entire 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 26th 1881

Undertaker, STEWART & MOWEN, UNDERTAKERS, 85 Park Ave.

Place of Business, STEWART & MOWEN, UNDERTAKERS, 85 Park Ave.

W. H. Engs
W. P. Smith M. D.,
Medical Attendant.

Address, 1611 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52196

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie D. Wagner.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 N. Fremont

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.) " "

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Balto-City

Date of Burial, Oct 25th 81

Undertaker, STEWART & MOWEN, UNDERTAKERS

Place of Business, 35 Park Ave.

Thomas Opie M.D.,

Medical Attendant.

Address, 39 N. Carey

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52197 *Office of Registrar of Vital Statistics.* Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Vance Hagner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* / *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number.} 1 Mt Carmel Row Near Catholic Church

Cause of death, First, (Primary,) "

Second, (Immediate,)

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 24/81

Undertaker, Thos Bottel

Place of Business, 192 Germun St

W. H. Hamilton M. D.,
Medical Attendant.

Address, 1 Mt Carmel Row

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52198

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Richerson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 125 S. Bethel St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) .....

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Wallas St Cemetery

Date of Burial, Oct 24th

Undertaker, Theodore J. Locks

Place of Business, 13 Jefferson

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgia M. Stubbs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — — *Years,* — — *Months,* Twenty *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Twenty days

Place of Death, {Give street and number.} 131 North Street

Cause of Death, First (Primary,) Premature birth about six & ½ months

Second (Immediate,) Diarrhoea & inanition

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct 24th 1881

J. M. Johnson M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N Gay St *Address* No. 107 St. Paul st Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 52200 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Solomon Stevens

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 41 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cutlinder

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1016 ½ Central Avenue Phthisis Pulmonalis

Cause of Death, First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery.

Date of Burial, Oct. 24th, 1881.

Undertaker, Wm. H. Hickman

Place of Business, 294 S. Gay St.

Medical Attendant.

Address, 1370 E. Fa

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ritter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 75- *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} Point lane near Hanford Avenue

Cause of Death, First, (Primary,) Organic disease of the heart

Second, (Immediate,) Valvular lesion + fatty degeneration

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 25

Undertaker, Eco Schilling

Place of Business,

M. D.
Medical Attendant.

Address, 5 [illegible] St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52,202 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Feltner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years.* 6 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 18 Clements Ct

Cause of death, First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 25

Undertaker, Henry Brill

Place of Business, Hanover St 81

R. T. Cooke M. D.,

Medical Attendant.

Address, 244 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52203

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Myers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* —— *Months,* —— ~~*Days.*~~

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 163 N. Charles St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) About a year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 26th 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 2 Cathedral St

H. Jenkins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louise D Laraher

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 37 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, { Give street and number } No 131 Carrollton Ave

Cause of Death { First, (Primary,) Inflammatory Rheumatism
Second, (Immediate,) Embolism

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 25th October 1881

Undertaker, H.W. Jenkins & Son

Place of Business, 75 N. Charles St

Homer Sloan M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 42205 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Russell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, — *Years,* — *Months,* 7 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland, Life time

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1 Pearl Alley

Cause of death, First, (Primary,) —

Second, (Immediate,) Inanition

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24/81

Undertaker, Wm H Brohawn Jr

Place of Business, 97 Druid Hill Ave *Address,* Commissioner of Health & Registrar M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52206 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Boland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Jersey City N. J

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} 357. W. Fayette

Cause of death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Oct. 25/81

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Edw. F. Nicholas M. D.,
Medical Attendant.

Address, 283. W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52207 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23rd Oct 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Hollbert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easter Maryland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 4 Andrew St. (E.P. Balto)

Cause of death, First, (Primary,) Phthis

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Oct 26 1881

E. W. Sumner M. D.,
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St. *Address,* 260 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number} 335 E. Eager St

Cause of Death { First, (Primary,) Second, (Immediate,) } Diphtheritic Croup

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, October 25

Undertaker, Wm A Fink

Place of Business, Gaylor near Chew

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32209

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fred. Schanis

~~Sex,~~ Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 28 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 243 E. Pratt

Cause of Death, First, (Primary.) Chronic [illegible]

Second, (Immediate.) Marasmus

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Oct. 25th 1881

Undertaker, Henry Sander

Place of Business, 252 Eastern Address, 245 E. Pratt

J. Matthews M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52210 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Benton Metzger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Entire -

Place of Death, {Give street and number.} 973 Williams St

Cause of death, First, (Primary,) Diphtheria -

Second, (Immediate,) Abscess of neck -

Duration of Last Sickness, Seventeen days

All the above Information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, October 25

Undertaker, Burkert

Place of Business, No 82 West St.

W. H. Lewis M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52211

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Whalton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, abt 25 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, All 4 years

Place of Death, {Give street and number.} 5 Hammond alley

Cause of Death, First, (Primary.) 3 Heart Disease

Second, (Immediate.) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, October 26th

Undertaker, H. Tippet

Place of Business, 1 Broadst. 151

Edw. Mostf M.D.,
Coroner E6
Medical Attendant.

Address, 617 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52212

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kaesar

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dallas 107

Cause of Death, First, (Primary.) Bronchial Catarrh

Second, (Immediate.) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, October 25

Undertaker, W. Diffenderffer

Place of Business, S. Broadway 15

John A Schultz M.D.,
Medical Attendant.

Address, N E Cor Gough & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Magaret Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 180 Ramsay st

Cause of Death, First (Primary,) Consumption ✓

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 24

Jas. E. Gibbons M. D.
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore *Address* 47 Edmondson ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22d '81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William W. Price

Sex, Male or Female { Cross out the word not required in this line. }

Age, 24 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Car Driver

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 24 Years.

Place of Death, { Give street and number. } 459 E. Balto St

Cause of Death, First (Primary,) Malarial Fever

Second (Immediate,) Typhoid Malarial Fever

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery *Date of Burial,* Oct 24 th

J. M. Bodine M. D.
Medical Attendant.

Undertaker, H. C. Wedefeld *Address* 340 E. Balto St

Place of Business, 90 Greenmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ~~STATISTICS~~.

Permit No. 52215

HEALTH DEPARTMENT
OCT 24 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Morning Oct 23d 1881 (12, 10 o'clock M)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bliskee

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 22 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor O Donnell & Patuxent Sts City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 42 Bennett St

Cause of Death First, (Primary,) Cynanthe Trachealis (Membranous Croup.)

Second, (Immediate,) do Asphexiae + congestion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Oct. 24th. 81

J E Richards M. D.
Medical Attendant.

Undertaker, M. France

Place of Business, 280 Canton Av *Address,* 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 32216

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Elizabeth Hoverkamp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 84 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, { Give street and number. } 77 O'Donnell St

Cause of Death, First, (Primary.) a large abdominal

Second, (Immediate.) tumor & old age

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct. 25th. 81

E. J. Williams M.D.,
Medical Attendant.

Undertaker, M. France.

Place of Business. 250 Canton Av. *Address,* 17 Falconwood St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52217

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Fischer

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 72 N. Chapel

Cause of Death, First, (Primary.) Diphtheritic malignant

Second, (Immediate.) Paralysis cordis

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Oct. 25th 81

Undertaker, H. Ryan

Place of Business, 280 Canton Av. *Address,* 275 E. Lexington

I Flatten M.D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32218 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 22 Oct. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Septimale Anne Arundel

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 25. 1881

Undertaker, Geo. Sheehan

Place of Business, 157 Division St

Marbury Bowen M. D.,
Medical Attendant.

Address, 58 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52219 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schudard.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} St. Vincents Infant Asylum

Cause of death, First, (Primary,) Diarrhoea.

Second, (Immediate,) Spasm

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 25th 1881

Undertaker, Geo. Shuban

Place of Business, 156 Division St *Address,* 48 McCulloh

Martin Brewer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52220 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 24th Oct. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Breitenbach

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 294 S. Charles st

Cause of death, First, (Primary,) Puerperal Fever

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct. 25th 1881

Undertaker, Julius Koehler

Place of Business, Shaft & Cross

H. W. Webster M. D.,
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52221 *Office of Registrar of Vital Statistics.* Ward 7th C.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 24th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Rambo

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 15. *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 Dallas St.

Cause of death, First, (Primary,) Congestion Brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemet.

Date of Burial, Oct 25. 3. P.M.

Undertaker, Jacob Miller

Place of Business, Harrison st 21.

Louis W. Horn M. D., Medical Attendant.

Address, 226 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52222

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 24 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Baltimore October 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Lambert Bateman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty five *Years,* One *Months,* Twenty *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Lately none, formerly Miller

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Sixty five Years

Place of Death, { Give street and number. } 248 N. Ann Bet. Aliceanna & Madison

Cause of Death, First, (Primary.) Arterial Degeneration

Second, (Immediate.) Cerebral Hyperæmia

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, Oct 25th 1881

Undertaker, Wm. Hickman

Place of Business, 234 N. Gay St. *Address,* 208 N. Broadway

C. Stockbridge *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52223

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
OCT 24 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Hermann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 19 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 112 Warner st

Cause of Death, First, (Primary.) Spasm

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathai, Cemetery

Date of Burial. Oct. 24. 81.

Undertaker, J. D. Koenig

Place of Business, 97 Mc Elderry

O. L. Middendorf M.D.,

Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52224 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Slaughter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 6 *Months,* ~~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 China St.

Cause of death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24th 1881

Undertaker, John A. Owens } John A. Clemm M. D.,

Place of Business, ~~~~ *Address,* Comm of Health

~~Medical Attendant~~ Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Form.

Copied by J. C. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 52225 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Deaver

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* —— *Months.* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 5 Jenkins Alley

Cause of death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 24th 1881

Undertaker, W. H. Bishop & Co

Place of Business, Druid Hill Ave

James H. Steuart M. D.,
~~Medical Attendant~~
Comm of Health
& Registrar
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Edward G. B. Begg Sec'y

[OVER.]

No. 52226

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Bennett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 328 Druid Hill Ave

Cause of Death, {First, (Primary,) Ulcers of Stomach with ~~Cancer~~ of Pylorus & Exhaustion

{Second, (Immediate,)

Duration of last Sickness, In bed least 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Wednesday Oct 26th 81

W. B. Gifford M. D.
Medical Attendant.

Undertaker, STEWART & BOWEN, UNDERTAKERS, 56 Park Ave.

Place of Business,

Address, 9 W. Hoffman Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 52227 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FILED OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct" 23 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Newsom

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* ~~~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 112 Stirling St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Teething

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 25 - 1881

Undertaker, Chas. A White

Place of Business, 24 Green by St

J Hunt Stevens M. D.,

Commissioner of Health

Address, City Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 24 hours after death [OVER.]

Board of Health, City of Baltimore,

Permit No. 52228

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
OCT 24 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Wright

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 111 S. Eutaw St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart disease, 3 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 26th 1881

Undertaker, Jas F Byrne

Place of Business, 63 Fleet st

I. W. Houck M.D.,
Medical Attendant.

Address, 55 E. Balto St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Posthar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 11 Patapsco St

Cause of Death, First (Primary,)

Second (Immediate,) Membranous Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Peters Son

Date of Burial, October the 25th 1881

J. H. Martin M. D.
Medical Attendant.

Undertaker, H. M. Gilmeyer

Place of Business, No 341 Canton av.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52230 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 183 S. Ann St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 25th 1881

Undertaker, John Kenady

Place of Business, 58½ Caton Ave

[signature] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52231 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Leutner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 X *Years,* 11 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 264 Cross Street

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Convesions

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Germin Luth'n, Druid hill

Date of Burial, Oct. 25th 1881.

Undertaker, Adam Weidemeyer

Place of Business, 578½ W. Baltimore St.

Q. A. Coale M. D.,
Medical Attendant.

Address, 244 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52433 *Office of Registrar of Vital Statistics.* Ward 3 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th. October 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Schraeder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Spring Street 12 Ble.

Cause of death, First, (Primary,) Eclampsia

Second, (Immediate,)

Duration of Last Sickness, 2 Days'

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, October 25th 1881.

Undertaker, Julius Hauck

Place of Business, 240 E. Baltimore St., *Address,* S. Wolfe St. 117.

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John . E. Houseman

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 2 1 *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 17 Sterret St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, October 25th

B. F. Herman *M. D.*
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address* 175 ½ Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained; That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Sanders

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* — *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 22 N. Parish St

Cause of Death, First (Primary,) Scrofula " Whooping Cough

Second (Immediate,) Consumption.

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Shop Hill Cemetery

Date of Burial, Oct 25 1881

Undertaker, William Nburger

Place of Business, No 62 Exeter St

Jno O. Jordan *M. D.*
Medical Attendant.

Address 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Barger,

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Brick-layer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 172 Mulberry St Balt & City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 172 Mulberry St

Cause of Death, First, (Primary,) Disease of the Heart

Second, (Immediate,) Softening of the brain with Paralysis

Duration of last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 27th 1881

Undertaker, Hec Jenkins & Son

Place of Business, 95 N Chas St

John S Purrington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 52236

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Agnes Leary

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } No 5. Hamilton

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 45 Hamilton St.

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks about - I saw her on 28 only.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 25 1891

Christopher Johnston M. D.
Medical Attendant.

Undertaker, C F Krause

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUCKEY & CO. CITY PRINTERS AND STATIONERS.

[CV 41.]

Board of Health, City of Baltimore,

Permit No. 82237 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bayne

Sex, ~~*Male.*~~ *or Female,* {Cross out the word not required in this line.}

Age, 21. *Years,* — *Months.* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 16. Randall St

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 30. Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, October 26th

Undertaker, A. Clarke

Place of Business, 412 Hanover St

Frederick Cook M. D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52238 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline F. M. Mayerdick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* Three *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {~~Cross out~~ the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 333 E. Pratt St.

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Hydrocephaloid

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Octo. 26th 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* 49 Conway St.

D. E. Lancy & H. Barclay M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52239

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 & 7 Oct 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roman McDonald

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ever thing

Place of Death, {Give street and number.} 100 Mulberry

Cause of Death, First, (Primary.) Hydrocephalus malignus

Second, (Immediate.) Paralysis cordis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 25 1881

Undertaker, E A Carman

Place of Business, 98 Eastern Ave

Address, 98 E Eastern

M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52240

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mecncamy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 181 Columbia

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheritic Croup.

Duration of Last Sickness, 6 days. ~~Dr. J. H. Tall, M.D.~~

All the above information should be furnished by the Physician.

Place of Burial, Saint Peter Cemetery

Date of Burial, October 26 81

Undertaker, Philipp P. Dill

Place of Business, 183 Columbia Ave

Dr. J. H. Tall M.D.
152 Sharp St
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52241

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or notify if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Schlichenmaier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 6 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Creek Alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Prostration

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 25th 1881

C. L. Callentine M.D.,
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts. *Address,* 146 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} T. S. Forsyth.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 73. *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 453 N. Calhoun.

Cause of Death First, (Primary,) Cirrhus Cancer of Breast.

Second, (Immediate,)

Duration of last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Boston

Date of Burial, Oct 25 1881

G. H. Stone's M. D.
Medical Attendant.

Undertaker, Wm P Kummert

Place of Business, 317 Mulberry Address, Constitution Building

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Five Years, Two Months, 19 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimor

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #331 N. Ann Street

Cause of Death, First (Primary,) ..... Second (Immediate,) Exudative Laryngitis

Duration of Last Sickness, 7. days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Oct. 25th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

J. E. Whiteford M. D.
Medical Attendant.

Address #195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of [illegible] City of Baltimore,

Permit No. 5224 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child W. Baker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 7 *Months*, ~~Days.~~

~~*Color*~~,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~: {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 257 S Broadway

Cause of death, First, (Primary,) Mal nutrition

Second, (Immediate,)

Duration of Last Sickness, Shortly after birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26th

Undertaker, Geo Schilling

Place of Business,

W W White, *M. D.,*
Medical Attendant.

Address, 324 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52245

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Oct. 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Flynn Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} # 301 E. Biddle st.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Cesthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26th

Undertaker, Geo Schilling

Place of Business,

Geo A. Nastman M.D.,
Medical Attendant.

Address, # 305 N Caroline st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 52246

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct. 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie L Cannoles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, ~~Black~~ White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~Single~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ~~Born~~

Place of Death, {Give street and number.} 497 Harford Ave

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26th

Undertaker, Geo. Schilling

Place of Business, ...

W. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. John st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 52247 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 80 Bungmidy alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shaaph Sh Cemetery

Date of Burial, October 25

Undertaker, Hercules Ross

Place of Business, 96 Conway St Address, 262 Sharp St.

L. M. Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52248 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Boy

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 130 Gold South

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shark Mem

Date of Burial, 26th Oct

Undertaker, Geo. W. Perkins

Place of Business, 130 Henrietta

J. E. [illegible] M.D.,
Medical Attendant.

158 Lombard

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52249

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Oct 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Rorgon Mary) Mary Rurgon

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 22 months

Place of Death, {Give street and number.} 70 S Dallas St

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct. 25th 81

Undertaker, M. Francy

Place of Business, 280 Canton Av

Geo. L Kenemon M.D.,
Medical Attendant.

Address, East Dual

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Regulations on the Reverse.

Board of Health, City of Baltimore,

Permit No. 52250

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 24, 1881. —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Deinlein

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* — *Days.*

Color, White. —

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 10 years. —

Place of Death, {Give street and number.} 18 Thames St. —

Cause of Death, First, (Primary.)

Second, (Immediate.) Abscess of the liver.

Duration of Last Sickness, Two weeks. —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct. 25th 81

{Undertaker, M. France

{Place of Business, 280 Canton Ave

George A. Rohé, M.D.,
Medical Attendant.

Address, 94 S. Broadway. —

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52251

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sandrock

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 6 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 311 Hanford Ave

Cause of Death First, (Primary,) Diphtheritic Croup—

Second, (Immediate,) Apnoea

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, German Reform Cem[illegible]

Date of Burial, October 25th 1881

Undertaker, Adam Fink

Place of Business, 496 N Gay St

Jno J Miller M. D.
Medical Attendant.

Address, 179 Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52252

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Kucera

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 19 *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Barnes St City

Duration of Residence in the City of Baltimore, 19 mos

Place of Death, {Give street and number.} 12 Barnes St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) barbonic acid Poisoning

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cemetery

Date of Burial, Oct. 25th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

E G Walls M.D.,
Medical Attendant.

Address, 1 Eber Broadway Balto Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52253 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcella Hepbrandy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 271 Aisquith On

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) .....

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, W. Lawn Cl

Date of Burial, Oct. 26 1881

Undertaker, Henry Hoen

Place of Business, 369 N. Central Av

G. J. Cohen M. D.,
Medical Attendant.

Address, 88 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52257 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mich[l] Hepbrank

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt[o]

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 271 Augusta St

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, St. James Ch.

Date of Burial, Oct. 26 1881

Undertaker, Henry Steck

Place of Business, 309 N. Central Av. *Address,* 188 N Calvert

O. J. Cordary *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32253

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT OCT 24 1887 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Schawalm

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 5 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Life (Probably).

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death, First, (Primary,) Pseudo Membranous Croup.

Second, (Immediate,) Carbonaemia

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 25

Undertaker, C W Blizzard

Place of Business, 201 Penn av

C. T. Brau M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 32256 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam W Potts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bookbinder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N 357 N Gilmor St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 26th 1881

Undertaker, F. Lewis Schaub

Place of Business, 109 N Fremont *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 52257 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *completely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Woodville Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 84 Elbow Lane

Cause of death, First, (Primary,) Abscess

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 25 1881

Undertaker, Kemsley and Madden

Place of Business 116 Orchard St

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Blackwell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 42 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower;~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northumberland Co. Va

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 12 Upton St

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) "

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Oct 20 1881~~ Greenlawn

Date of Burial, Oct 20 1881

Undertaker, ~~Thomas F. Hudson~~

Place of Business, ~~Maryland Ave~~

J. R. Jordan M. D.
Medical Attendant.

Address 126 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52459

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawrence Spellman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Lamplighter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 11 S. Front St

Cause of Death, First, (Primary.) Bright disease of Kidneys

Second, (Immediate.) Uraemia

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 26 1881

Undertaker, James P Byrne

Place of Business, No 68 N Front St

W A Dehuff M.D.,
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore.

Permit No. 52160 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 25 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25, 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lethrete Eaton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, No

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N Carolina

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} N° 3 Gelstons Court

Cause of death, First, (Primary,)

Second, (Immediate,) Old age

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudenbur

Date of Burial, Oct 26th 81

Undertaker, Wm J. Ticklen

Place of Business, Cor I. Eutaw

[illegible] *M. D.,*

Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32267

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 24th Oct. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Louise Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* Eight *Months,* Ten *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs. & two days

Place of Death, {Give street and number.} No 127 Ridgley St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Three Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 26th 81

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw

T. C. Smith *M.D.,*
Medical Attendant.

Address, 182 W. Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 52262 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 25" 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Alfred Eastman Ashley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 99 Baltimore

Cause of death, First, (Primary,) Chronic Croup

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 26th 1881

Undertaker, Armstrong & Son

Place of Business, 263 Light

O. A. Cooke M. D.,
Medical Attendant.

Address, 244 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52263

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 26 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Tarney.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 47 *Years,* 1 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 260 Light St.

Cause of Death { First, (Primary,) Supposed, cancer of Stomach
Second, (Immediate,) exhaustion

Duration of last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 27th

Undertaker, J. S. Sloman

Place of Business, Shakspeare St near Hill

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 322614

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT OCT 26 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th '81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca D. Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 602 W. Hoffman

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 27th 1881

Undertaker, Chas. T. Scriven

Place of Business, 2718 Eutaw St

Wm B. Rider M.D.,
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 26 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David H. Innes

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 38 *Years,* 8 *Months,* 20 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Custom House Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 360 Franklin St.

Cause of Death, { First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 27th 1881

H. M. Wilson M. D.
Medical Attendant.

Undertaker, S. M. Leonard

Place of Business, 782 W. Baltimore

Address 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52266 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Rattican

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 24 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Dairy City

Place of Death, {Give street and number.} Randall st, near Clarkson st

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 26

Undertaker, B Flynn

Place of Business, 82 West St *Address,* 244 S. Caroline St

J. A. Cooke M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52267

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 26 1881, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. Anderson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 325 S. Charles St.

Cause of Death { First, (Primary,) / Second, (Immediate,) Diphtheria

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemet.

Date of Burial, Oct 26

Undertaker, B. Hurle

Place of Business, 82 West St

R. J. H. Tall M. D.
Medical Attendant.

Address, 192 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule of Physicians on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No 52268 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Stafford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single Widow Widower

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 72 Gough

Cause of death, First, (Primary,) Acute Meningitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Episcopal Ground.

Date of Burial, Nov 27th 1881

Undertaker, R. C. Feeney

Place of Business, 91 Eutaw

J. L. Watkins M. D.,
Medical Attendant.

Address, 79 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5269 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 214 S. Caroline St.

Cause of death, First, (Primary,) Cerebral Hemorrhage.

Second, (Immediate,) .....

Duration of Last Sickness, Since Friday Oct. 21st. Called on 23rd

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, October 26

Undertaker, 91 Dyhl

Place of Business, 15 S. Paca

Jno. E. Monte M. D.,
Medical Attendant.

Address, 199 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52270

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
OCT 26 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 25, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Joseph & Elizth Curran

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Hour* ~~Days.~~

Color, White.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 5 Trinity St.

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Unknown.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, October 26

Undertaker, W. Dobel

Place of Business, 177 Old Bond

J. W. Hook M.D.,
Medical Attendant.

Address, 75 E. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52271

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Haney

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 26 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Tyrone. Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 7 Wyles Ally.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) .....

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 28 1881

A. H. Lusby M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Bulkley St

Address, 523 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 52272

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Carter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation, Hod Carrier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 33 East Pratt

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 26 1881

Silas M. Hinds M. D.
Medical Attendant.

Undertaker, Chas. A. Whit

Place of Business, 35 S Ramb

Address, 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 52273

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Emory Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* One *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 191 N Gilmor

Cause of Death, First, (Primary.)

Second, (Immediate,) Cyanosis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, Oct 28 - 1881

Undertaker J. B Blackistone

Place of Business, 22 South Cary St

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... e.

Board of Health, City of Baltimore,

Permit No. 52274 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Goodhues

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 00 *Years,* 00 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 240 Aliceanna st.

Cause of death, First, (Primary,) Spasms

Second, (Immediate,).....

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemty.

Date of Burial, Oct 26th 1881

Undertaker, C. H. A. Daiger

Place of Business, 744 Broadway

Ernst Sleum M. D.,

~~Medical Attendant.~~ Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo. C. Taylor [OVER.]

19)

No. 52275

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, OCT 26 1881, BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A B Waidner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 569 W Franklin St

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness, about 8 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Oct 28th 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St *Address,* 550 W Fayette St

Robt. K. Knox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRI

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5 2276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 26 1881
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L Thompson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* 21 *Days.*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 4 Stockdale Alley

Cause of Death { First, (Primary,) Acute Hydrocephalis
, { Second, (Immediate,) Convulsions

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 26th 1881

Undertaker, Jas. W Chase

Place of Business, 193 E Monument

Thos L Thompson M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52277

Office of Registrar of Vital Statistics,

HEALTH DEPARTMENT
OCT 26 1881
BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 25th Oct 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Daisy O'Neil

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 318 Montgomery

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 13 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 27th 1881

Undertaker, Benj. W. Shaw

Place of Business, Harwood & Hill

P. M. Dodge M.D.,
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 32278

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 26 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Ward.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 86 N Shroeder st

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) Pariplexia

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 27

Undertaker, Leigh & Bro.

Place of Business, 717 West Balto

Chas L Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 52279 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SPECIAL DEPARTMENT
OCT 26 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Henry Raemer (Mother)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 James Alley

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) Spasms

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 81

Undertaker, L. F. Krause

Place of Business, 229 Hanover

[illegible] M. D.,

~~Medical Attendant.~~

Address, Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 26 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Sheaver

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 198 N. Caroll St.

Cause of Death First, (Primary,) Tubercles in Brain & Lungs

Second, (Immediate,) Hooping Cough & Pneumonia

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Gr 2 in mount

Date of Burial, Oct 27th 1881

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Hell Jenkins & Son

Place of Business, 75 N Chas St *Address,* No. 97 S. Chas. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 52281

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 26 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sophia Sauerwald

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 5 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 338 Mulberry St

Cause of Death, First, (Primary.) Croup

Second, (Immediate.) "

Duration of Last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 27 1881

Jno S Jordan *M.D.,*
Medical Attendant.

Undertaker, Mrs P Kummert

Place of Business, 317 Mulberry St *Address,* 126 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Pauline Bowman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Since October 8

Place of Death, {Give street and number} Bowman's Hotel

Cause of Death { First, (Primary,) Gastro-Intestinal Catarrh
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 27th 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St

W. H. Kinsburg M. D.
Medical Attendant.

Address, 121 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52283 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} Nr 2 Bartlett st. Bartlett st

Cause of death, First, (Primary,)

Second, (Immediate,) Dr Pothera

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Pius St Cemetery

Date of Burial, Oct 26 1881

Undertaker, S McGrath

Place of Business, 19 Howard st

W L Gwinn M. D.,
Medical Attendant.

Address, 57 Fr Conbe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52281 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Toner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not reqnired in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or conntry, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 205 Columbia Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Apoplexy "Accident"

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 28th 1881

Undertaker, Dieterich & Wiegand

Place of Business, 166 Druid Hill Ave

J. H. Emmey M. D.,
Medical Attendant.

Address, 76 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Garfield Evans

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* Eight *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 648 Dugan Ln

Cause of Death, { First, (Primary,) Convulsions

{ Second, (Immediate,)

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 27th 1881

Undertaker, Theodore F. Locke

Place of Business, 73 Jefferson St

D. Hughes Winey M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52286 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Peck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 100 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. Corner Alice Ann & Dallis Sts

Cause of death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 27 1881

Undertaker, Henry Saunders

Place of Business, 256 Canton Av Address, Comm of Health

James A Clum M. D.,
~~Medical Attendant.~~
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52287 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Lowry

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 160. Penn St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 10 o'clock Oct 28

Undertaker, 13 Hanover

Place of Business, 82 Wreck

Theodore Lotta M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52288

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 27 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie McCaddon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 246 N Carrollton Ave

Cause of Death, First, (Primary.) Catarrh

Second, (Immediate.) Pseudo Membranous Croup

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Oct 28 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Milton A Taylor M.D.,
Medical Attendant.

Address, Broadway & Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52289 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hartman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 81 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 93 N. Gilmor St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Uraemia

Duration of Last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 28th 1881

Undertaker, Henry Schultheis

Place of Business, E. Monument St 261

E. Ellis Steele M. D.,
Medical Attendant.

Address, 774 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 52490 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis & Maggie Groscup

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Germain & Green St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 27 1881

Undertaker, Or Louis Groscup

Place of Business, Germain & Green

James H Chew M. D.,
~~Medical Attendant~~
Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Evans W. Fitzpatrick

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52291 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2nd 81.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Flora Steiger.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months* 17 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, All her Life.

Place of Death, { Give street and number. } 69 George St.

Cause of death, First, (Primary,) Indigestion.

Second, (Immediate,) Convulsions,

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, F P of Cem[illegible]

Date of Burial, 28 Oct [illegible]

Undertaker, S Herzog

Place of Business, 45 N [illegible]

John I Kibler M. D.,
Medical Attendant.

Address, 273 W Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52292 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Carney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 195 Hughes St.

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Oct 27 1881

Undertaker, C. H. Krause

Place of Business, 209 Hanover

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 32293 *Office of Registrar of Vital Statistics.* Ward 17 — 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Heckner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 8 Barney St

Cause of death, First, (Primary,)

Second, (Immediate,) Diptheria

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Oktober 28

Undertaker, B Hart. } Theodore Cook M. D.,

Place of Business, 92 West St } *Address,* 146 Hanover St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52294 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Dierbeck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany ~30 yrs~

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 20 Knox Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, Helpless & in bed 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 27th 1881

Undertaker, Geo Saffran

Place of Business, Penn ave

James Kleiss M. D.,

~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo A. Fitzpatrick

OVER.

No. 52295

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *personally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredericka Lilly Wanner

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, 17 *Years,* 10 *Months,* 26 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, House maid

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number } 77 North High Street

Cause of Death, { First, (Primary,) Typhoid / Second, (Immediate,) ~~Pneumonia~~ Puemonia

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 28 October

Undertaker, G. Schilling

Place of Business, Cor Monument & Aisquith

T. J. Michaau M. D.
Medical Attendant.

Address, 15 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 62296 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 25th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Theodore Baker.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 20 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 227 N. Eden St.

Cause of death, First, (Primary,)

Second, (Immediate,) Tabes Mesenterica

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 27th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Wm. Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52297 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 27 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 26. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Existina~~ Eusebeno Muiz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* 8. *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 387 Light St

Cause of death, { First, (Primary,) ; Second, (Immediate,) Typhoid Fever with Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb. Sholum Cemetery

Date of Burial, Oct 28th Rodero Cruz M. D.,
Medical Attendant.

Undertaker, F. N. Joyce

Place of Business, 131 Hanover St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52298

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1881

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bandle Burgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 5 Months, ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower,~~

Occupation, ~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Belair Avenue, near Mulberry St.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Belair Av. near Mulberry St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 27

Undertaker, Chas Burgan

Place of Business, Belair ave near Mulberry

Applegate M.D.,
Medical Attendant.

Address, 15 N. Potter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52299 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James. Perkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 4 Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 1 X Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Saint Pauls

Date of Burial, Oct 27 - 1881

Undertaker, Jacob Davis

Place of Business,

James A Steen M. D.; Medical Attendant.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52300

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE, MD.

Date of Death, October 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Lehman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number.} 232 Fayette St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Oct 27th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

J. R. Wilson M.D.,

Medical Attendant.

Address, 55 Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 28. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Tally

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* 9 *Months,* ... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Sing

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lawson St N. 45 Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} N. 45 Lawson St Baltimore

Cause of Death { First, (Primary,) Dysentery
Second, (Immediate,) ...

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Haley Goss Cemetery

Date of Burial, Oct 28th 1881

Undertaker, John Fuke

Place of Business, 161 E Balto St

John H. B. Lanelle M. D.
Medical Attendant.

N. 88 S. Eutaw St

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Russell

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, Sixty *Years,* —— *Months,* —— *Days.*

Color, Mulatto.

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easton Md.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number} No. 13 - L. Pine St.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Prostration

Duration of last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Green County

Date of Burial, Oct 27 1881

Undertaker, Hennelly Undertaker

Place of Business, Monument St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 27 1881

Permit No. 52303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Gurley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* Female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Chamber maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va / King Wm Co

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 18 Jasper St -

Cause of Death, First (Primary,) Rheumatism

Second (Immediate.) Heart Disease Valvular

Duration of Last Sickness, 7 weeks - part in N York

All the above information should be furnished by the Physician.

Place of Burial, West Point Va.

Date of Burial, Oct 28th 1881

Undertaker, Wm James Gorman

Place of Business, 65 Mulberry St

A A Kinsloe M. D.

Medical Attendant.

Address 1194 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2375 Tunnel

Board of Health, City of Baltimore,

Permit No. 52304 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie A. Dixon (Parent)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~ Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} * 315 Light St

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cy

Date of Burial, Oct 27th 1881

Undertaker, W. B. Marles

Place of Business, ~~~~

Thos A Steen M. D.,

[redacted]

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 52305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 27 [illegible], BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kliner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} +

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} 72 N. Washington St.

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) [illegible]

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Hedwigs Cemetery

Date of Burial, Oct 28 1881

Undertaker, John Henning

Place of Business, 882 Orleans St

J. Hollenberg M. D.
Medical Attendant.

Address, 369 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52306 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 27 1881. BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eden Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 15 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 5 Rice St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Shadyside Cem'y

Date of Burial, Oct 27/1881

Undertaker, Wm H Burger

Place of Business, East St

Thos A Steuart M. D., Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Chas Geo E. Brock [over.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 27 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N Gessner

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* 10 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Yrs

Place of Death, {Give street and number} 71 Belmont Ave

Cause of Death { First, (Primary,) — Apoplexy
Second, (Immediate,) — 1 day

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St James Belair Road

Date of Burial, Oct 28th

Undertaker, H C Weidefeld

Place of Business, 36 Belmont Ave

Silas M Shunder M. D.
Medical Attendant.

Address, 36 Belmont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 52308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH OFFICE
OCT 27
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Rowson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Since Sept 1st

Place of Death, {Give street and number.} Laycocks Hotel Fall St. Between Charles St

Cause of Death, First, (Primary.) Heart Suppression

Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Oct. 26/81

Undertaker, Fred. Wetschner

Place of Business, 50 S. Carrollton Ave

Medical Attendant. M.D.,

Coroner

Address, 161 So. Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52309 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Welsh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Wm Mechanic St near Penna Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Senile Decay

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem^y^

Date of Burial, Oct 27 "1881

Undertaker, Chas. T. Scrivener

Place of Business, N. Eutaw St *Address,* Comm^rs^ of Health & Registrar

James A Clemens M. D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Exam by B. D. 88 [OVER.]

Board of Health, City of Baltimore,

Permit No. 52310 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Ackerman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 100 N. Dallas St

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 29 Days.

All the above information should be furnished by the Physician.

Place of Burial, Ft Ap Hgrs Cy

Date of Burial, Oct 28 88

Undertaker, H ~~Roe~~ St

Place of Business, 30 P. Cuba *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52311

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Church

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White —

Married, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} University Hospital Lombard St

Cause of Death, First, (Primary.) Unk — Natural Causes —

Second, (Immediate.) Most probably Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 22 84

Undertaker, Fry Bro

Place of Business, 4th Broadway

Alexander Insley M.D.,

Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,312 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Bennerside

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* 10 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 249 Aliceanna

Cause of death, First, (Primary,) Cyanosis & Collapse Pulmonary

Second, (Immediate,) Cerebral Physic

Duration of Last Sickness, Since Oct 26

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Oct 29 81

Undertaker, H. Hagner

Place of Business, 280 Eastern Ave *Address,* 249 Aliceanna

J. L. Winters M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52313 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Burns

Sex, Male or Female, {Cross out the word not required in this line.} Female (Negress)

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 20 N Dugan Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 29 81

Undertaker, M. Ryan

Place of Business, 280 Canton Ave

Dr. Pelle M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52314

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pheraline Timms

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 4 Chesnut St

Cause of Death, First, (Primary.) Central Apoplexy

Second, (Immediate.)

Duration of Last Sickness, about Seven hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 25 1881

Undertaker, William A. Lunger

Place of Business, 62 East St

D W Cathell M.D.,

Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 52315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 - 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodore Kingsbury

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 93 - Stockton St

Cause of Death, First, (Primary.) Softening of Spinal Cord

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 28

Undertaker, Walter Simmel

Place of Business, 315 W. Biddle, *Address,* Carey & Lanahan

H. P. Hunt M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of [illegible] Baltimore.

Permit No. 52316 *Office of Registration of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lola Simpson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore, 2 ~~yrs~~ Months

Place of Death, {Give street and number.} 36 Hill Street

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) —

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Octr. 28th 1881

Undertaker, Wm. McClaus

Place of Business, 258 Aisquith Ann st.

E. N. Janney M. D.,

Medical Attendant.

Address, 260 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52317

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 28 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death; Oct 27. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Stant,

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ~~Entire~~ One Month.

Place of Death, {Give street and number.} 262 S. Broadway,

Cause of Death, First, (Primary.) Chronic Entero-Colitis,

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbot Co. Md

Date of Burial, Oct 29" 1881

Undertaker, Elisha Leon

Place of Business, Bank St

George A. Rohé, M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2377 Barnett

Board of Health, City of Baltimore,

Permit No. 52318 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S. Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty nine *Years,* Four *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number.} 18 Green's Court

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, October 29

Undertaker, R. Flinn

Place of Business, 82 West

Phlius Hall M. D.,
Medical Attendant.

Address, 77 Hillyer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52319

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT. 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown Man (Identified as C. Lewis Brent)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Colo

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Found in Barn 700 of West Fallo Ave

Cause of Death, First, (Primary.) Accidental

Second, (Immediate.) Drowning (Gin, Verdict)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Ex Public Care

Date of Burial, Oct 28th 1881

Undertaker, P. Mullen

Place of Business,

Edmund Preston M.D.,
Medical Attendant.

Address, Corner M 82

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ta Winchester Va 2378 transit

Board of Health, City of Baltimore.

Permit No. 52320 *Office of Registrar of Vital Statistics.* Ward 17 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Postman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 16 Burrough St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, October 29.

Undertaker, C. B. Earle

Place of Business, 482 West St

Robert S. Rowe M. D.,
Medical Attendant.

Address, 323 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5232

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Jennings

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annarundel Co Md

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give street and number} 92 E. Bethel

Cause of Death, First, (Primary.) Paralysis of Brain

Second, (Immediate.) " " "

Duration of last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Oct 28th 1881

C. T. Burns *M. D.*
Medical Attendant.

Undertaker, Theodore J. Koch

Place of Business, 73 Jefferson st *Address,* 375 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52322 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Lohmeyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 16 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} S. E. cor. E. Ave & Castle St.

Cause of death, First, (Primary,) Intestitial & Pulmonary Catarrh

Second, (Immediate,) Congestion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29 1881

Undertaker, John Hannon Jr

Place of Business, 382 Canton Ave

G. Glassell Kuck M. D.,
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52323 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 '81 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6 27. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Blenkner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, =6= *Years,* =9= *Months,* =2= *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

~~Duration of Residence in the City of Baltimore,~~

Place of Death, {Give street and number.} N. Wolf St. 81.

Cause of Death, First, (Primary.) } Dipth. Therelis
Second, (Immediate.) }

Duration of Last Sickness, =9= Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30 1881

Undertaker, John Henrici

Place of Business, 382 Orleans St. *Address,* 74 N. Broadway

C. H. Tiele **M.D.,**
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52324 *Office of Registrar of Vital Statistics.* Ward 12 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Maggie L. Hindes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 76 Bolton

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 29th 1881

Undertaker, Stewart & Mowen

Place of Business, 35 Park Avenue *Address,* 283 N. Fremont

Edw'd F. Buehler M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Coleman

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 17 *Days.*

Color, Coloured

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 mos 17 days

Place of Death, {Give street and number} No 98 Raborg St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Vomiting & diarrhoea

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th 1881

Undertaker, Jno H. Weaver & Co

Place of Business, 422 Fayette st

Wm P Chunn M. D.
Medical Attendant.

Address, 365 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52326 *Office of Registrar of Vital Statistics.* Ward 8 4 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Weldon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 282 Greenmount Ave

Cause of death, First, (Primary,) Abscess

Second, (Immediate,) ~~Abscess~~ Exhaustion

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 30th 1881

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52327 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy & Moses Kimbo Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 Chestnut St

Cause of death, First, (Primary.)

Second, (Immediate,) Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Laurel County

Date of Burial, Oct 29th 1881

Undertaker, Wm M. Dunge

Place of Business, East St

James A Steuart M. D.,

~~Medical Attendant~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined J. P. Smith Sec'y

Board of Health, City of Baltimore,

Permit No. 52328

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Shiste

Sex, Male or Female, {Cross out the word not required in this line.} Emma Shiste

Age, ... *Years,* ..... *Months,* 1½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Bond & Caroline Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion of the Lungs,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Oct. 29th 1881

Undertaker, Frey & Bro

Place of Business, 1611 N. Broadway *Address,* Broadway & Fairmount Ave

Milton A Faust *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52329

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boyle

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 253 Eastend St

Cause of Death, First, (Primary.) Laryngeal Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Hole Grass Cemetri

Date of Burial, October 29th

Undertaker, B. Karle.

Place of Business, No. 82. West St.

S Gladden M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52331

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 28 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Brooks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 67 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single Widow

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number} 35 S Pratt St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 29th October

D. L. Pettitt M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 N Eutaw *Address,* 28 Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5233 /

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th of Oct. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dame Hendrovina Reilly

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 11 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 202 Mulberry St

Cause of Death, { First (Primary,) Inflammatory Rheumatism / Second (Immediate,) Paralysis of heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, 29th October

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St Address 120 Paca St. Baltimore

D. D. Heldmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 52332 *Office of Registrar of Vital Statistics.* Ward 17 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27, 28, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvigate T. Parks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2. *Years,* 6. *Months,* 3 *Days.*

Color, Violet

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Randall St

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Diptheritic Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 30th 1881

Undertaker, Charles F. Krauss

Place of Business, Hanover St *Address,* 146 Hanover St

Richard Coad M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Posten

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 Years, Months, Days.

Color, Black

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this one.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Onancock, Accomac Co. Virginia

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number} No 18 Rayborg St.

Cause of Death, First, (Primary.) Ulceration of Duodenum

Second, (Immediate,) Hemorrhage.

Duration of last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 29

Undertaker, Hercules Ross

Place of Business, 95 Conway St

E. F. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32334 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Wolarout

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Born City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 29. 1881

Undertaker, Geo Sheehan

Place of Business, 156 Division

Marbury Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52335 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Bower

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infr asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 29. 1881

Undertaker, Geo Shuhan

Place of Business, 156 Division St.

Mahlon Brewer M. D.,
Medical Attendant.

Address, 768 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52336 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patience Haslup.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 81 *Years,* *Months,* *Days.*

Color, White.

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} Widow.

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 64 years.

Place of Death, {Give street and number.} 36 S. Calhoun St.

Cause of Death, First, (Primary.) Organic Disease of the Heart.

Second, (Immediate.)

Duration of Last Sickness, 10 Months.

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundle Co Md

Date of Burial, Oct 30th 1881

Undertaker, Conny Mitchell

Place of Business, 550 W. Fayette St

Jno F Powell M.D.,
Medical Attendant.

Address, 227 Carrollton Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52337 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28/81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A. Berry.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Page 2nd Bank City Guard

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 934 N. Eutaw

Cause of death, First, (Primary,) Acute Rheumatism

Second, (Immediate,) Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 30/81

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette Address, 934 N. Eutaw

W. G. Kemler M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52338 *Office of Registrar of Vital Statistics.* Ward 16 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Baker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 7 *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Camden & Paca Sts

Cause of death, First, (Primary,) Puerperal Metritis & Cellulitis

Second, (Immediate,)

Duration of Last Sickness, 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct. 31st 1881

Undertaker, W. W. Jenkins Son

Place of Business, 75 N. Charles St.

L. Hunter M. D.,
Medical Attendant.

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52339

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 28. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Grady

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 47 Payson st

Cause of Death, First, (Primary.) Gastro enteritis

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Oct 30, 1881

Undertaker, J. A. Blackiston

Place of Business, Cor 22 Jo

James Bowles M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophie Lotz

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Sixty two *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } St Marys Co

Duration of Residence in the City of Baltimore, Two Years

Place of Death, { Give street and number } 207 Mulberry St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Anasarca - Exhaustion

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemitry

Date of Burial, Oct 28th 1881

Undertaker, Theodore J Locks

Place of Business, 73 Jefferson st

Whitfield Winsey M. D.
Medical Attendant.

Address, 113 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52341 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 27th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Louis Horn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Jackson court.

Cause of death, First, (Primary,) Dyptheria

Second, (Immediate,)

Duraiion of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Aphonsus Cemetry

Date of Burial, 30 of Oct

Undertaker, Mrs P. Rimmel

Place of Business, 317 Mulberry St. *Address,* 226 Mulberry St.

Louis Chs Horn **M. D.,**
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52842 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 28 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna A. Waltemeyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S. E. cor Chase & Durham Sts.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 8 Days -

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Oct 30th

Undertaker, George Schilling

Place of Business, Baltimore

Geo D Doyle M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Dear

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 7 *Months,* 6 *Days.*

Color, white

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 159 S. Washington st.

Cause of Death, First, (Primary.)

Second, (Immediate.) True Croup

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery.

Date of Burial, Octbr 30th 1881.

Undertaker, L. Ritz

Place of Business, No 129 S. Broadway

J. G. Dauer *M.D.,*

Medical Attendant.

Address, 3 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 52344

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Son of Joseph & Maggie Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9. *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boy

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 83 Chesnut St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29 1881

Undertaker, Chas A Flint

Place of Business, 35 Granby *Address,* 11 S. High St

A Lingenfelter M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52345 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Evans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 23 Shuter St

Cause of death, First, (Primary,) —

Second, (Immediate,) Thrush.

Duration of Last Sickness, had not any last sickness

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29. 1881

Undertaker, Chas A White

Place of Business, 83 Granby

Geo F Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 52346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Gaskey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Three (3) *Years,* Four (4) *Months,* Twelve (12) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ind

Duration of Residence in the City of Baltimore, 3 Yrs 4 Mos. 12 days

Place of Death, {Give street and number} 60 Hamburg St.

Cause of Death { First, (Primary,) Diphtheria (Malignant)
Second, (Immediate,) Pneumonia

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, October 30-1881

Robert S. Rowe M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery Sts. *Address,* 923 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Sissenberger.

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 5 Mths. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) .....

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 29th 1881

Undertaker, Geo Watson

Place of Business, 1...1 Penna

Thos Bruce Brewer M. D.
Medical Attendant.

Address, 56 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5236/8 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29th 1881 (Heaslie)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Hanlan.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 340, S. Sharp St,

Cause of death, First, (Primary,)

Second, (Immediate,) Gastro Enteritis

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Home Sweet Home, Bur'y

Date of Burial, Oct. 31st 81

Undertaker, B. Harley

Place of Business, 80. West St.

R. J. H. Tall, M. D.,
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

No. 52349

Office of Registrar of Vital Statistics.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, sted so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

of Death, Oct. 27th 1881

l Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Neuhardt

x, Male or Female, {Cross out the word not required in this line.} female

ge, 51 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, don't know

Place of Death, {Give street and number.} 127 N. Spring st.

Cause of Death, First, (Primary.) Enteric fever

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Toinita Cemetery

Date of Burial, October 30th 1881.

Undertaker, Julius Haak

Place of Business, 240 S. Bond St

P. G. Daniel, M.D.,
Medical Attendant.

Address, 27 N. Broadway

HEALTH DEPARTMENT OCT 1881 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltim

Permit No. 52350

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Foley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* 9 *Months,* 21 *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 265 Hoffman St

Cause of Death, First, (Primary.) Kidney Disease & Consumption

Second, (Immediate.) Uremic poisoning

Duration of Last Sickness, 5 Wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 29th

Undertaker, F. C. Wadefield

Place of Business, 90 Gilmor

Chas E Shotter M.D.,
Medical Attendant.

Address, 565 Druid Hill Ave

HEALTH DEPARTMENT OCT 1910 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5235

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enoch L Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 213 E Madison St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Oct 30 1881

Date of Burial, Baltimore Cemetery

Undertaker, Fry & Bro

Place of Business,

Geo. L Kenneson M.D.,
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52352 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. Foerster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11. *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 187 Franklin St

Cause of death, First, (Primary,) Congestion Brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct. 30th, 1881

Undertaker, Henry Saunders

Place of Business, 252 Central Ave. *Address,* 226 Mulberry St

Louis (illegible) Horn M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52353

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27th October 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel P Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Oysterman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 15 Elbert alley

Cause of Death, First, (Primary.) Chronic Rheumatism

Second, (Immediate.) Atrophy et Asthenia

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Shark Street

Date of Burial, October 29th.

Undertaker, Abraham Wayman

Place of Business, 43 Saratoga st

J. D. Byers M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 52332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday, Octo 29th 1888.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Stone Cutter.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co. Md.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number} 369 N. Washington St.

Cause of Death First, (Primary,) Chronic Gastritis with Ulceration & adhesion to liver as proved by Post Mortem

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three Years.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 31

Undertaker, F B Cook

Place of Business, 70 [illegible] *Address,* 25½ Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 52355

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Lily Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 62 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Grain measurer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, about 40 years.

Place of Death, {Give street and number.} 158 Henrietta St

Cause of Death, First (Primary,) Softening of the Brain.

Second (Immediate,)

Duration of Last Sickness, about two mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30 1881

Undertaker, J H Chase

Place of Business, 198 E Howard St

W. T. Barker M. D.
Medical Attendant.

Address 162 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 52,556 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PEPMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Kelly.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 28. S. Carey St.

Cause of death, First, (Primary,) Congestion, (both Lungs)

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 1

Undertaker, Jos H B Cook

Place of Business, 707 West Baltimore

John L. L. Kloze, M. D., Medical Attendant

Address 913 S. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 52,557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

VITAL STATISTICS DEPARTMENT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, October 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward ~~Smith~~ Eyht.

~~Sex~~, *Male or* ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* 7 *Months,* — *Days,*

Color,

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 97 Harrison St

Cause of Death {First, (Primary,) Tetanus from Wound under foot

, {Second, (Immediate,) Apnoea

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Oct 31st 1881

Undertaker, Lau & Bartell

Place of Business, 62½ W. Balto St

R Buttorant 3 M. D.
Medical Attendant.

Address, 87 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 52858

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter C. Savage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 43 Hillman St.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Paralysis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 30 1881

W. Brooke Boyle M.D.,
Medical Attendant.

Undertaker, John Heaney

Place of Business, 382 Orleans St. *Address,* Calvert & Fayette Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,859 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Braddock

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46? *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Not Known

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number.} Maltby House

Cause of death, First, (Primary,) Accidentally suffocated by gas

Second, (Immediate,) Asphyxia

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery.

Date of Burial, Oct 30th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St

Edmund R Walker M. D.,

Medical ~~Attendant~~.

Address, Corner M & S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2380 Trans [OVER.]

No. 2360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5[illegible]6.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Lennan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 31 Hanford Ave

Cause of Death {First, (Primary,) Jaundice

{Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Oct 31st

Silas N. Hamlet M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 72 Freemont *Address,* 36 Freemont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, October 29th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Thomas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 72 West St.

Cause of Death First, (Primary,) diphtheria

Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Lyons Cemetery

Date of Burial, Oct 31st

Undertaker, B. Harle

Place of Business, No. 82 West st

Geo W Smith M. D.
Medical Attendant.

Address, 913 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Heaphy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland.

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give street and number.} 131 S. Exeter St.

Cause of Death, {First (Primary,) Tuberculosis. Second (Immediate,) Pneumonia.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Oct 31st 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Jno. F. Powell M. D.
Medical Attendant.

Address 227 Carroll Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52363

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52,363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Lucinda Burns

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 1 y 10 Months

Place of Death, {Give street and number} 14 Laurel Street

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate,) " "

Duration of last Sickness, 1 y. 10 months

All the above information should be furnished by the Physician.

Place of Burial, Athenry Evergreen Cemetery

Date of Burial, Oct 30 1881

Undertaker, William H. Dempe

Place of Business, 62 East 11

J. J. Michaux M. D.
Medical Attendant.

Address. 15 Hoffman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 62,364

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

Date of Death, Oct. 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Holmes Baldwin

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Boston Mass —

Duration of Residence in the City of Baltimore, 67 yrs —

Place of Death, {Give street and number.} 66 McCulloh St,

Cause of Death, First, (Primary.) Death sudden supposed Apoplexy

Second, (Immediate.)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Oct 31st 1881

Undertaker, Jno H. Weaver & Co

Place of Business, 422 Fayette St

Clark Van Bibber M.D.,
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12565

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Folmer.

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 46. *Years,* ..... *Months,* ..... *Days.*

Color, White.

~~*Married, Single,* Widow *or Widower*,~~ {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give street and number} 29 Market Place, Baltimore

Cause of Death, First, (Primary,) Cancer Breast

Second, (Immediate,) Asthenia

Duration of last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 31

Robert A. Welch M. D.
Medical Attendant.

Undertaker, H. Dugel

Place of Business, 1 Bond 151

Address, University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52366

Office of Registrar of Vital Statistics.

The Physician who attended any person in [illegible] is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Müller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [redacted] *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 397 W. Pratt St

Cause of Death, First, (Primary.) Chronic Inflammation of Brain

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 31st

Undertaker, T. Bolton

Place of Business, 236 Forest Ave

O. L. Baldenhofer *M.D.,*
Medical Attendant.

Address, 166 Lacon

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda C. Harding

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 1 *Months,* 28 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 257 W. Hoffman St.

Cause of Death, First (Primary,) Pulmonary disease of heart

Second (Immediate,) Many Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park *H. R. Hillman* M. D.

Medical Attendant.

Date of Burial, 31 Oct

Undertaker, C. H. Biggs *Address* 71 W. Franklin st.

Place of Business, 201 Re

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 52368 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stepham A. Dorsey.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 190 East. 2d.

Cause of death, First, (Primary,) Catarrh & Malarial fever.

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood

Date of Burial, Oct 31st 1881

Undertaker, Chas Weber

Place of Business,

Edward P. Wilson M. D.,
Medical Attendant.

Address, 169 N. Calvert.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32369

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Loose

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 128 Fort Av.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St German Hospital Cemetery

Date of Burial, Oct. 31st 1881

Undertaker, Wm Nicolaus

Place of Business, 258 Aliceanna

I. G. Daudt M.D.,
Medical Attendant.

Address, 3. N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52370

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, oct. 29th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Knepfe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* 1 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~"~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Scott St. near Columbia Av

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 31 81

Undertaker, Philipp S. Dill

Place of Business, 183 Columbia Av

H Jenkins M.D.,
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5237 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5237 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lutz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 351 Park Ave.

Cause of Death First, (Primary,) Cancer lower intestine

Second, (Immediate,) Peritonitis following perforation

Duration of last Sickness, ten days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 31st 1881

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw st

R. B. Morison

W. B. Griffith M. D.

Medical Attendant.

15 E Lanvale st

Address, 2162 Howard Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52,372 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th October/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} none Father Name T. A. Kissell

~~*Sex,*~~ *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

Age, 4 hours *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 311 N Carey St

Cause of Death, First, (Primary.) unknown

Second, (Immediate.)

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 31st 1881

Undertaker, Wm Weaver

Place of Business,

Dr Kuhn M.D.,
Medical Attendant.

Address, 143 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tercsia McGerry

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 years & 3 months

Place of Death, {Give street and number.} Hampsted St. No. 69.

Cause of Death, First, (Primary.) Croup

Second, (Immediate.) Diphtheretic Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holle Grove Cemetery

Date of Burial, Oct 31 1881

Wm H. Norris M.D.,
Medical Attendant.

Undertaker, John Heneiger

Place of Business, 882 Orleans St.

Address, 164 E. Balto. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52374 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

Date of Death, 30th Oct. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Henninghausen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* 28 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Iowa

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 165 Johnson st

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1 Novem 1881

Undertaker, Julius Fehler

Place of Business, Sharp Cor

H. W. Webster M. D.,
Medical Attendant.

Address, 57 Bussert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52375

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John David Cosnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co -

Duration of Residence in the City of Baltimore, 7 years -

Place of Death, {Give street and number.} B & O. R.R. near Pennsylvania House River Side

Cause of Death, First, (Primary.) Run over by Engine

Second, (Immediate.) on 140 B & O. R.R.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Oct 31st 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

Sat Beel M.D.,

~~Medical Attendant.~~ Coroner 2d Dist

Address, 161 E Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52376

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Franklin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 2 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 205 S. Fremont St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 205 S. Fremont St.

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) The Mother was taken with a coughing and while walking around the room fell on the floor, and live 2 hours.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct 31st 1881

Undertaker, Wm. J. Folkmer

Place of Business, 65 S. Eutaw

L. M. L. Hall M.D.,
Medical Attendant.

Address, 412 Cross St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52377 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, October 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Orf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Vincent Alley 12

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Paralyzed Heart

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 31st 1881

Undertaker, John F. Paulus

Place of Business, 66 Frederick Ave

L. T. Reinhard M. D.,
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52378 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1881-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephriam V. Daily

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Surgical Instrument Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 136 N. Biddle St.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Syncope

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, 1st November

Undertaker, Thos. L. Hyde

Place of Business, 614 E. Balto

H. D. Small, M. D., Medical Attendant.

Address, 1914 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52379

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1881

Full Name of Deceased, {Write logibly and spell correctly. If an Infant not named, give names of parents.} August Ebrighausen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 24 Years

Place of Death, {Give street and number.} 256 Canton Avenue

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Syncope - Embolism of Heart

Duration of Last Sickness, about six (6) Days -

All the above information should be furnished by the Physician,

Place of Burial, Mount Carmel Cem.

Date of Burial, October 31 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

Charles M. Moffit M.D.,
Corner E.D
Medical Attendant.

Address, 6 & East Pratt Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

(Post mortem held)

Board of Health, City of Baltimore,

Permit No. 52380 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Probst

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Eight (8) *Months.* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 50 Commerce St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cemetery

Date of Burial, November 1st 1881

Undertaker. Adam Pfeil

Place of Business, 461 N Gay St

E. H. Sloan M. D., Medical Attendant.

Address, 74 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52381 *Office of Registrar of Vital Statistics.* Ward 18 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30 /81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia N. Emery

Sex, Male or ~~Female~~, {Cross out the word not reqnired in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not reqnired in this line.}

Occupation, Dressmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 S Carrollton Ave

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) "

Duration of Last Sickness, 2 to 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 1 1881

Undertaker, Geo B Leach

Place of Business, No 707 W Baltimore Street

W. P. Thacher M. D.,
Medical Attendant.

Address, 72 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. OCT 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Oct. 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Henry Liebitenberg

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cedar Cooper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 954 N. Bratto. St.

Cause of Death, First, (Primary.) Paralyeis of right side, cause

Second, (Immediate.) Clot on Left side of Brain from congestion of brain effects of the same.

Duration of Last Sickness, nine weeks and five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Oct 31st 1881

Undertaker, Jos. B. Lee

Place of Business, 167 W Baltimore street

F. H. Jordan M.D.,

Medical Attendant.

Address, 126 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52383

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 31 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert Godwin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 18 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co, Va -

Duration of Residence in the City of Baltimore, 9 mos -

Place of Death, {Give street and number} 32 Stockton st -

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) ~~2 weeks~~ - Asthenia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Stemmers Run

Date of Burial, Oct 31st 1881

Undertaker, W. George Godwin

Place of Business, 32 Stockton ally *Address,* 215 N. Carrollton Ave

John J. Kirn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52384 *Office of Registrar of Vital Statistics.* Ward 12 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Devine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} St Vincents Hospital

Cause of death, First, (Primary,) Intestinal Catarrh

Second, (Immediate,)

Duration of Last Sickness, 2 weeks, (feeble for a year)

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Oct 31st 1881

Undertaker, James O Byrne

Place of Business, No 62 n Front St

Edwd F. Mulholland M. D.,
Medical Attendant.

Address, 283. W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52385

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
31 1887
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie A. Carr

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Preston St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, 1 — Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct. 31st 1887.

Undertaker, Mrs. H. Bishop.

Place of Business, 97 Druid Hill Av.

D H P Hoen M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52386

HEALTH DEPARTMENT
OCT 31 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Putia Anna, Laura, Mrs

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} No 266 North Howard St

Cause of Death, First (Primary,) Scirrhus of Pylorus

Second (Immediate,) Inanition

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, Nov. 1st 1881

Undertaker, Wm H Bishop Sr.

Place of Business, 97 Druid Hill Ave.

G Putzel M. D.
Medical Attendant.

Address No 16 N. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2379 Transit

Board of Health, City of Baltimore.

Permit No. 52387 *Office of Registrar of Vital Statistics.* Ward 17 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 / 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Ramkowicki

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Ten Months

Place of Death, {Give street and number.} No 3 Cook Sine Street

Cause of death, First, (Primary,) Damp house + Poverty

Second, (Immediate,) Diptheria Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, November 1st

Undertaker, Michael Feeney

Place of Business,

E. H. Barney M. D.,
Medical Attendant.

Address, 200 E. Lee St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52388

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
OCT 31 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, October 29/881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Daughter of William & Maria Holland

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* 12 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Enfant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 57 S. Eutaw St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Nov. 1. 1881

Undertaker, Thos. A Hughes

Place of Business, 60 E Baltimore St

A Lr Abercrombie M.D.,
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52389

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 31/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Leitz } Parents
Mary Leitz }

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 Hours ~~Months, Total Life~~ ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 46 Greenmount St.

Cause of Death, First, (Primary.) Premature Labor

Second, (Immediate.) Asthenia

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Westen Cemetery

Date of Burial, Oct 31 1881

Undertaker, Jno. Leitz

Place of Business, 46 Greenmount Ave *Address,* 8 & N Greenmount

D. G. Miller M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52390

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin A Dalrymple

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clergyman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 139 N Lanvale

Cause of Death, First (Primary,) Bronchitis -

Second (Immediate,) Cardiac Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 2nd 1881

Undertaker, Wm Jenkins & Son

Place of Business, 75 N Chas St

F. E. Chatard M.D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32391 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Oct. 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Smart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 213 Fremont St.

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia.

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 31st 81

Undertaker, G. H. Perkins & Co

Place of Business, 130 Henrietta St *Address,* 206 S. Sharp St

C. S. Booze M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52392 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT. OCT 31 1881 BALTIMORE, MD.

Date of Death, Oct 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Grady

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland (41 yrs in this.

Duration of Residence in the City of Baltimore, 41 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of death, First, (Primary,) Rupture of Kidney

Second, (Immediate,) Shock

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cy

Date of Burial, November 1st 1881

Undertaker, Henry Hook & Son

Place of Business, 309 N. Eutaw St

Oscar J Colvert M. D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52393 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thurdon Gassaway

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Saratoga St

Cause of death, First, (Primary,) Chronic Cystitis

Second, (Immediate,) Asthma

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 1st 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 93 Park Ave

James Steuart M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52394 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gregory Bischler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brewer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (5 wks

Duration of Residence in the City of Baltimore, 5 wks

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Shock from Perforation

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St James' Cemetery

Date of Burial, Oct. 31 /87

Undertaker, Henry J. Tobin

Place of Business, Lombard St

Chas J. Baker M. D.,
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52395 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. OCT 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Sittel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, white,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} 162 S. Wolfe St.

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Road Cem.

Date of Burial, Nov 2 81.

Undertaker, Geo. Zell

Place of Business, 410 Broadway

G. G. Lusk M. D.,
Medical Attendant.

Address, 1 Balt. & Mar. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52396

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
OCT 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hinton B. Sanford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 83 S. Queen St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) .....

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 1st 1881

Undertaker, Wm J McKim

Place of Business, 65 S. Eutaw St

E. R. Lichtenstein M.D.,
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

An attack of Dysentery No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 31 1881

Permit No. 52397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Oct 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Dehnert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 185 Chestnut av

Cause of Death, First, (Primary,) Anaemia

Second, (Immediate,) Cachexia

Duration of last Sickness, √

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 2nd

Undertaker, Geo Schilling

Place of Business, —

D. Sheets M. D.
Medical Attendant.

Address, 143 N Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 52398

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, (or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31st October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pullman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* Six *Months,* 25 *Days.*

Color, Colored

Married, Single, Widow or Widower. {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 134 Lee St.

Cause of Death, First, (Primary.) Scalded Accidentally

Second, (Immediate.) Convulsions et Asthenia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Lamar Cemetery

Date of Burial, Nov 1st 1881

Undertaker, E N Chase

Place of Business, 191 S Howard *Address,* 146 Hill St.

L. [illegible] M.D.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Jane McElhenny

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 4 *Months,* 21 *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 559 Franklin Street

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,) Dyspnoea

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 1st 1881

Undertaker, C H Bezzard

Place of Business, 197 Lanvale Ave, *Address* 234 Madison Ave

A. F. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52408

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John E Shannon Jr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* 25 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore V

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 110 N Peter St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Marasmus

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Nov 1st 1881

Undertaker, John L Mackin

Place of Business, No 157 Lamdin

A Abel Coulter M.D.,
Medical Attendant.

Address, 313 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Browne,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45. *Years,* — *Months,* — *Days.*

Color, White. *Sex,* —

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Carpenter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co. Md.

Duration of Residence in the City of Baltimore, Abont 3 Months.

Place of Death, {Give street and number.} 544 W. Lombard st.

Cause of Death, First (Primary,) Strangulated Right Obliq Inguinal Hernia.
Second (Immediate,) Collapse after Operation.

Duration of Last Sickness, Abont 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 1st 1881

E. M. Reid M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 426 Druid Hill Ave

Address 243 N. Fremont st. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52402 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Washington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Allegheny City Penn.

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and number.} 556 Saratoga St.

Cause of death, First, (Primary,) Variloid

Second, (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, Nov 1 1881

Undertaker, Hemsley

Place of Business, 116 Orchard St

Louis E. Horn M. D.,
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52463 *Office of Registrar of Vital Statistics.* Ward 5 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Steven Wood

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* 10 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 53 Year

Place of Death, {Give street and number.} No 108 Chestnut St.

Cause of death, First, (Primary,)

Second, (Immediate) Cardiac Disease

Duration of Last Sickness, Complaining for Several years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 2 1881

Undertaker, Hennessy

Place of Business 116 Orchard St *Address,*

Wm Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52404 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 110 St Mary's

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Church of Divinity

Date of Burial, Nov 1 1881

Undertaker, Kennedy

Place of Business 1160 Orleans St

J H Pullen M. D.,

Medical Attendant.

Address, 22 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32405

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, (October 31st 1881)- Knock

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George, Frederick, Franz, Joseph

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* 3 *Months,* 16 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or ~~*Widower*~~, { Cross out the word not required in this line. }

~~*Occupation*~~,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 4 Towson st

Cause of Death, { First, (Primary.) Diphtheria. / Second, (Immediate.) Croup. }

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Novemb 1 1881

Undertaker, John Henry

Place of Business, 882 Orleans St

Thomas J. Evans, M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 32406

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hodges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Fair Oaks, Va. Va

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 14 Jordan alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Anasarca

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, November 7th 81 J. C. Hewett M.D.,

Medical Attendant.

Undertaker, Wm Jas Gray

Place of Business, 63 Mulberry St *Address,* Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Reinhardt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 79 Fort ave

Cause of Death { First, (Primary,) Diphtheritic / Second, (Immediate,) Croup

Duration of last Sickness, 2 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Nov. 1st

Undertaker, B. Harle

Place of Business, No. 52 West st

Jno H Smith M. D.
Medical Attendant.

Address, 203 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52408 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Agnes Cherry

Sex, Male or Female, {Cross out the word not required in this line.} J

Age, One *Years,* Two *Months,* Thirteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 yr. 2 mos 13 days

Place of Death, {Give street and number.} 27 Burrough St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov. 1st

Undertaker, F. Harle

Place of Business, No. 81 West Mult

Robert L. Rowe M. D.,
Medical Attendant.

Address, 323 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32409 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Andrew Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, 17 Yrs.

Place of Death, {Give street and number.} 43 Abey's Alley

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov. 1st,

Undertaker, B. Hark

Place of Business, No. 82 West St. *Address,* 823 Light St.

Robert L. Rowe M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Renken

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Marries

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number} 88 S Howard st

Cause of Death { First, (Primary,) Valvular disease Heart
Second, (Immediate,) Anasarca

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cemetery

Date of Burial, Nov. 1. 1881.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

Thos E Smith M. D.
Medical Attendant,

Address, 247 S Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1881 BALTIMORE

Date of Death, Anna Gertrude Robinson Oct 31st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~X~~

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 3 Hargrove al

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) cerebral hemorrhage

Duration of last Sickness, about 3 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 1, 1881

Undertaker, John L Jordan

Place of Business, 62 Hanover

Geo A. Smith M. D.
Medical Attendant,

Address, 613 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52412 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th Oct. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Woodall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 5 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 205 Lee st

Cause of death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Nov 2d 1881

Undertaker, John Meagher

Place of Business, 150 London

H. N. Webster M.D.,
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52413. *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31th October 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Boshamer.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number.} S. Carolina Street 79.

Cause of death, First, (Primary,) Necrosis Tibiae et Tuberculosis Pulmonum

Second, (Immediate,)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 1

Undertaker, Wendel Pippel

Place of Business, S. Bond st. 151

William Flenkel M. D.,
Medical Attendant.

Address, E. Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52414 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ann Phillips

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 6 N. Dallas

Cause of death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Nov 1st 1881

Undertaker, Theodore G Locke

Place of Business, 873 Jefferson St

M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5415

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT Nov 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frances Christopher Robinson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} County Tipperary Ireland.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 12 Mercer St

Cause of Death, First, (Primary,) Diarrhoea Gastritis with diarrhoea

Second, (Immediate,) Asthenia.

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, Nov 1st 1881

Herbert Harlan M. D.
Medical Attendant.

Undertaker, Jas F Byrne

Place of Business, 59 n Liberty st *Address,* Balto Gen. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52416 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah W. Matecky Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 294 S. Ann St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 1st 1881

Undertaker, John Brown

Place of Business, 224 S. Bethel St

James A. Stewart M. D.,

~~Medical Attendant~~

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct recording of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Geo E. Taylor

[over.]

Board of Health, City of Baltimore,

Permit No. 12417

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Cooper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Beech Hill Saratoga & Fulton sts

Cause of Death, First, (Primary.) Typhoid Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Nov 2nd 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

L. G. Luetcemeyer M.D.,

Medical Attendant.

for Dr. J. H. Wolfe

Address, 584 W Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52418

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Sexton

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 74 yrs

Place of Death, {Give street and number.} 540 Fayette St.

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness, Several Months

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem'y

Date of Burial, November 2nd 1881

Undertaker, Denny & McMitchell

Place of Business, 525 W. Fayette St *Address,*

L. G. Smetzer M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52.419 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & William Reynolds (Twins) (Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 President St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cy

Date of Burial, Nov 1st 1881

Undertaker, Jas P. Byrne

Place of Business,

James A. Stuart M. D.,

~~Medical Attendant.~~

Address, Comm of Health

Register to Sec

Dec 1881

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by B. Digges

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52420 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

Date of Death, Oct 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & William Reynolds (Twin) (Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 15 Minutes ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 President St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 1st 1881

Undertaker, James P. Bynn

Place of Business,

James A. Steuart M. D.,

~~Medical Attendant.~~

Address, Comm of Health

Registrar

Examined

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52421 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lowry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 17 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~ ~~~

Occupation, ~~~ ~~~ ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Short alley.

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov. 1 - 1881

Undertaker, Chas. A. White

Place of Business, 35 Granby St

James A. Stuart M. D.,

Commissioner of Health

Address, Ex Registrar

Per M. Shaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52422 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Lusby

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of death, First, (Primary,) old age

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Nov. 2/81

Undertaker, H. Schmuthues

Place of Business, ...

Oscar J. Culley M. D.,
Medical Attendant,

Address, 188 W Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52423

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wrede

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 289 W. Fayette St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem'y

Date of Burial, Nov 2 1881

Undertaker, Wm Eilau

Place of Business, 101 Gough St

A. P. Arnold M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52424 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

Date of Death, October 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lee Miles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 398 E. Pratt St

Cause of death, First, (Primary,) Acute Mania

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Since Sept. 30th 1881

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov. 2nd 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

James E. Hamilton M. D.,
Medical Attendant.

Address, 299 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52425

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct. 30/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Beck Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 11 *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Boston — Mass.

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and number.} 265 Gough St

Cause of Death, First, (Primary.) Typho-Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Nov. 2nd 1881~~ Greenmount Cemetery

Date of Burial, Nov. 2nd 1881

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

R. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52426 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Leonhardt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} No. 95 S. Eutaw Street

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Nov. 3rd 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

D. Deaver, *M. D.,* Medical Attendant.

Address, 9 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32427

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Duffy Duffy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 2 weeks

Place of Death, {Give street and number.} British Barque Bremner Abraunhof

Cause of Death, First, (Primary.) 2 Malarial Fever

Second, (Immediate.)

Duration of Last Sickness, abt one week

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Nov. 1. 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Chas M Morfit M.D.,
Coroner E.D.
Medical Attendant.

Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32428 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or such, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th Oct

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 18 Callender al

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemy

Date of Burial, Nov 2nd 1881

Undertaker, Wm P. Kummy

Place of Business, Mulberry St

Edw F. Mehrland M.D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52429 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza May Hubert,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} .....

Age, 10 *Years,* ..... *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 164 William St

Cause of death, First, (Primary,) Typhoid fever.

Second, (Immediate,) Tuberculosis of Lungs

Duration of Last Sickness, 19 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk. Cemetery

Date of Burial, Nov 2nd

Undertaker, F. N. Gould

Place of Business, 131 Hanover St

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 Shroder St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52430

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herbert Silyman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 153 Conway St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) ✓ Gastritis & Convulsions

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 2nd

Undertaker, D. N. Doll

Place of Business, 131 Hanover St. *Address,* 80 Warren av

H. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32431

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 1881 BALTIMORE

Date of Death, Nov. 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Holz.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Poland.

Duration of Residence in the City of Baltimore, ten years.

Place of Death, {Give street and number.} 30 Shakespear St.

Cause of Death, First, (Primary.) Typhoid Fever.

Second, (Immediate.)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 3d 81

Undertaker, M. Branco

Place of Business, 280 Canton Ave

George A. Kolb, M.D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32432 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C McDonald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number.} 696. W. Fayette

Cause of death, First, (Primary,) Valvular Disease of the Heart

Second, (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov. 3' 1881.

Undertaker, J. B Cook.

Place of Business, 707 N. Balto St.

Edw F. Michael M. D.,
Medical Attendant.

Address, 283. W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52433

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE

Date of Death, 31 Oct 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor cor. John and Valley Streets

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 4th 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Jno. Brooke Boyle *M.D.,*

Medical Attendant.

Address, Calvert & Eager Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52434 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

Date of Death, Oct 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fenon Kenan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 103 ~~Baltimore~~ West st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns es Cemetery

Date of Burial, Nov. 2 /81

Undertaker, B. Hearle

Place of Business, No. 82 West st

Reverend Coskery M. D., Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52435 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Kroh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* — *Days.*

Color, cs

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 20 Elizabeth Lane

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St. Ignatius Cem

Date of Burial, Nov. 3 1881

Undertaker, B. Hasle

Place of Business, No. 52 West [illegible]

Edward Cooke M. D.,
Medical Attendant.

Address, 146 Hanover Sh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 32436 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31 /81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Wm. Erdeis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 2 *Months,* [illegible] *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 716 N. & 057 No. Eutaw

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 2 "/1881

Undertaker, P. Mullin

Place of Business, S. P. Park *Address,* 778 Druid Hill Ave.

J. L. Williams M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52437

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore Nov 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Max Hendrick Feil

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* five *Months,* six *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, five Months & six days

Place of Death, { Give street and number. } 153 E. Biddle St.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) (Diarrhoea) Asthenia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Noon 2nd 1881

Undertaker, John Hennessy

Place of Business, 382 Orleans St

..... *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32438

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE.

Date of Death, Oct. 31. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Prudence Burns

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 4 Somerset St.

Cause of Death, First, (Primary.) Valvular disease of heart

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Novem 2 1881

Geo. A. Hartman M.D.,
Medical Attendant.

Undertaker, John Kenney

Place of Business, 382 Orleans St. *Address,* 305 N. Caroline St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52439 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 4 Gold Land

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem Co

Date of Burial, Nov 3 1881

I record Certify M. D.,

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52440

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st, 1881

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Elizabeth Loane

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 31 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Public School teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Louis Mo

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 162 Aisquith St

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, 26 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 2 / 881

Undertaker, J. Frank Jones

Place of Business, 634 W. Balto St

Irving Miller M. D.
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52441

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Ann Morris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} East Co Maryland

Duration of Residence in the City of Baltimore, 25 yrs and

Place of Death, {Give street and number.} 213 South Howard St.

Cause of Death, First, (Primary.) Abdominal Abscess

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 2nd 1881

Undertaker, Lewis & W. Chase

Place of Business, 128 S. Howard St. *Address,* 108 Howard St

E. K. Wiley *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32442 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne E Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 8 *Months,* 13 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 133 South St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cty

Date of Burial, Nov 4th 1881

Undertaker, John L Marker

Place of Business, 150 Camden

A. W. Colburn M.D.,

Medical Attendant.

Address, 343 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52464 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Col R. B. Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Hotel Proprietor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. Y. 23 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Carrollton Hotel

Cause of death, First, (Primary,) Softening of the Brain

Second, (Immediate,) With Paralysis

Duration of Last Sickness, 2 Months, Sickly one year

All the above information should be furnished by the Physician.

Place of Burial, Green Wood N. York

Date of Burial, Nov. 3/81

Undertaker, W. W. Jenkins Son

Place of Business, 75 N. Charles St.

Edw F. Michelbacher M. D., Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Rundfleish

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 14 Yrs.

Place of Death, { Give street and number } 17 Locust St

Cause of Death, { First, (Primary,) Cirrhosis Liver { Second, (Immediate,)

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Nov 2 1881

Undertaker, E A Carman

Place of Business, 38 Essex St

Ed Lilien *M. D.*
Medical Attendant.

Address, 80 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tudor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~Lady~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12 N. Wolfe St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Nov 3 1881

Undertaker, John W Jackson

Place of Business, 528 N Gay st

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52446

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Byrne

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 51 Hamburg Street

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.) asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem

Date of Burial, Nov 3rd

Undertaker, Frosting [redacted]

Place of Business, 1763 Lee St

Augustus W. Dodge M.D.,
Medical Attendant.

Address, 207 Hanover St Fells City

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 532447 *Office of Registrar of Vital Statistics.* Ward 14½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Esterly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 39 Perl St

Cause of death, First, (Primary,) Apoplexy Cerebral

Second, (Immediate,)

Duration of Last Sickness, 1 D.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery O. Shalom

Date of Burial, 2 Nov

Undertaker, Conrad Kunkel

Place of Business, 146 O. York Ave

C. Johnston M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52448 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Fuhrer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Eleven *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N. W. Cor. Aliceanna & Bond St.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Twenty Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 3/81

Undertaker, Fry & Son

Place of Business, 816 Broadway

Wm. H. Hendrickson M. D.,
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, Brown *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto County Md

Duration of Residence in the City of Baltimore, In Jail one year

Place of Death, { Give street and number. } Balto City Jail

Cause of Death, { First (Primary,) Cerebral softning

Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Nov 2 1881

D. P. Hoffman *M. D.*
Medical Attendant.

Undertaker, Patrick Mullin

Place of Business, S. Patterson Pk *Address* 279 West Fayette

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52450 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31 October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 5 Week *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bay view

Duration of Residence in the City of Baltimore, Institution 3 weeks

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Sprue

Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 2. 1881

Undertaker Geo Shuckard

Place of Business 156 Division St.

Martin Brewer M. D.,
Medical Attendant

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52451 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonio

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) .....

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 2. 1881

Undertaker, Geo. Shuham

Place of Business, 156 Division St.

Mahony Brewer M. D.,
Medical Attendant.

Address, 6 E Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 52452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inc Charles Mathews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} not Known

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 64 St. Mary st

Cause of Death, First, (Primary.) Comp

Second, (Immediate.) 3 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Nov 2 " 1881

Undertaker, Dr Edwd Robertson

Place of Business, Balto Co

Alexander Tinsley M.D.,
Medical Attendant.

Coroner

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52453 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw'd J. Rheinhart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} City Hospital

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 3d 1881

Undertaker, H. W. Mears

Place of Business, 415 N Gay St

Oscar Koerner M. D.,
Medical Attendant.

Address, 188 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,457 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. NOV 2 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 2nd 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Lutz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 325 Saratoga St

Cause of death, First, (Primary,) Rheumatism (chronic)

Second, (Immediate,)

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 3. 81

Undertaker, Philipp S. Diel

Place of Business, 189. Columbia Av.

Louis E. Horn M. D., Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 522455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 2 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Enrolo Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker & Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 149 Fremont St

Cause of Death, First (Primary,) Organic Disease of heart

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 4th 1881

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore Street

Address

J. F. Bryan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, NOV 2 1881 BALTIMORE, MD.

Permit No. 52456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel E. Parrie,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White, *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Columbia, Penney Township,

Duration of Residence in the City of Baltimore, 8 Months,

Place of Death, {Give street and number.} 12 Tennant Street,

Cause of Death, First (Primary,) Croup,

Second (Immediate,) Spasmodic Croup

Duration of Last Sickness, Nine Days, I saw the patient but once,

All the above information should be furnished by the Physician.

Place of Burial, Northern Central R. R. Co. Columbia Pa

Date of Burial, Nov 4th 1881

Undertaker, Jos Roberts

Place of Business, No 707 W Baltimore street

Harry L. Byrd M. D.
Medical Attendant.

Address 225 N Gilmor Street Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 2 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida O Wilson

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 101 N Spring

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Septicaemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Nov 3rd 1881

Undertaker, Theodore G Lodtz

Place of Business, 78 Jefferson St

Henry Miller M. D.
Medical Attendant.

Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52458

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
NOV 3 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 1/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcella McCready

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} 198 E. Lombard St.

Cause of Death, First, (Primary.) Parturition

Second, (Immediate.) Pyemia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Novem 3rd 1881

Undertaker, Penny & Mitchell

Place of Business, 65 S Broadway

R. McSherry M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52469 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Robson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number.} 196. W Lombard St

Cause of death, First, (Primary,) Tumor of Stomach

Second, (Immediate,) " " " Gastritis

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Friends Grund

Date of Burial, Nov 4th

Undertaker, Wm W Foss

Place of Business, 161 Lindenave

A. C. Fox M. D.,
Medical Attendant.

Address, 467 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52460 *Office of Registrar of Vital Statistics.* Ward 16th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 3 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs E. J. Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About 8 Years

Place of Death, {Give street and number.} 24 N. McHenry St.

Cause of death, First, (Primary,) Heart disease

Second, (Immediate,) Anasarca Fluid

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov. 3 1881

Undertaker, J B Cook

Place of Business, 707 N. Balto. St

Geo S Black M. D., Medical Attendant.

Address, 168 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52461

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Anton~~ Meineke Emile

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* ..... *Days.*

Color, white

~~*Married,*~~ *Single, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } N. 69 & 60 Baltimore St

Cause of Death, First, (Primary.) Membranous Croup of Larynx

Second, (Immediate.) the same

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Gemeinde Cem

Date of Burial, Nov. 3rd

Henry Salzer M.D.,
Medical Attendant.

Undertaker, John Teufel.

Place of Business, 1078 W Baltimore St *Address,* 163 W Lombard St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 3 1887
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stuft

Sex, Male or Female, {cross out the word not required in this line.} male

Age, Seven *Years,* one *Months,* Eleven *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No. 298 South Charles St.

Cause of Death First, (Primary,) Croupous Diptheria

Second, (Immediate,) Dyspnoea

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 3rd

by W. Christian Landvoigt M. D.
Medical Attendant.

Undertaker, Henry Breihan

Place of Business, Hanover St 81 *Address,* 229 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Michael Hoffman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 8 *Months,* 17 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and number.} 233 N. Fremont Street

Cause of Death, First (Primary,) Diabetes meletus

Second (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 4th 1881

Undertaker, John E. Vaughts

Place of Business, 320 Penn Ave

Morris Steiner M. D.
Medical Attendant.

Address 319, W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52464 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTERED NOV 2 1931 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 30 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip D. Fuchs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 68 N Eden St

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, 3 Nov

Undertaker, S Berry

Place of Business, 45 W High St. *Address,*

A R Arnold *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 532465 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 3 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 2/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie St Tuchton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Nine *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, - - -

Board of Health, City of Baltimore,

Permit No. 52466

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 3 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Amanda E. Vickers.

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, 47 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, None —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 51 S. Ann Str.

Cause of Death, First, (Primary.) Consumption of both lungs —

Second, (Immediate.) — do — do —

Duration of Last Sickness, Several Years —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 4th 1881

Undertaker, Thos S Murphy

Place of Business, 60 E Balto

L. C. Dohme. M.D.,
Medical Attendant.

Address, 86 E. Fayette Str.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32467 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
NOV 3 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 3 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margard Herring

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months.* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 - Years

Place of Death, {Give street and number.} 12 - 1 Gal Ave

Caus of death, First, (Primary,)

Second, (Immediate,) Chronic Pneumonia

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 5th

Undertaker, B Hark

Place of Business, 42 West St

Jerome Cottle M. D., Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52468 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT
NOV 3 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Nov 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry R. Edwards

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 3 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 32 Cross St

Cause of Death, First, (Primary.) Hypertrophy of Heart

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, November 6

Undertaker, B. Hauch

Place of Business, 82 West St

H. B. Noble M.D.,
Medical Attendant.

Address, 57 Harrison av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52469

HEALTH DEPARTMENT
NOV 3 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Blanche Wingrove

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 1 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 371 Central Ave

Cause of Death {First, (Primary,) diphtheria
Second, (Immediate,) Septicaemia

Duration of last Sickness, Six days. Was attended by Dr Hartman till 1 day before death

All the above Information should be furnished by the Physician.

Place of Burial, Londenhurst

Date of Burial, Nov 23 81

Undertaker, Amos & Denny

Place of Business, No 162 Eastern

Irving Miller M. D.
Medical Attendant.

Address, 1798 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. SHEPPARD & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. NOV 3 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va Virginia

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} No 5 Rice St

Cause of Death, {First (Primary,) Gastric Fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 3 1881

{*Undertaker,* William A Lynch

Place of Business, 62 East St

(M K Warner M. D.

Medical Attendant.

Address Shriver & Townsend's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52471 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1891 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Austin Julius

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 87 Orleans St

Cause of death, First, (Primary,) Pleurisies

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 1891

Undertaker, Wm. A. Lingo

Place of Business, 62 East St

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52472

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 8 *Months,* 11 *Days.*

Color, W White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 151 Eddington Avenue

Cause of Death, First, (Primary.) Hepatic disorder,

Second, (Immediate.) Erysipelas

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, November 4 1881

Nicholas L. Dubois M.D.,
Medical Attendant.

Undertaker, Henry Saunder

Place of Business, 252 Eastern Ave, *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
NOV 1 1881
BALTIMORE, MD.

Permit No. 52473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Jane Shakespear

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 59 *Years,* 3 *Months,* 2 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widower~~ Widow

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimo:

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} No 40 George St.

Cause of Death, {First (Primary,) Recurrent Carcinoma Left Mammary & Axillary. X
Second (Immediate,) Pleuro Pneumonia - Left side

Duration of Last Sickness, Three (3) days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, November 4th

N. G. Keirle M. D.
Medical Attendant.

{*Undertaker,* Armstrong & Denny
{*Place of Business,* Light & Montgomery Address 74 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

X first noticed tumor in July 1879.

No. 52474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Hughes

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 315 N. Hoffman St.

Cause of Death { First, (Primary,) Congestion of Brain
Second, (Immediate,) " " "

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 4th 1881

Undertaker, Chas S Scriven

Place of Business, 271 N Eutaw St

W. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52475

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or longer, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. P. Zeillenz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Fireman - at Marburg & Tobacco Factory

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Buck City -

Duration of Residence in the City of Baltimore, Always -

Place of Death, {Give street and number.} Patapsco River - near Henry Bar -

Cause of Death, First, (Primary.) Accidently Drowned

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauden park Cem

Date of Burial, Nov 4th 1881

Undertaker, Clarius Koehler

Place of Business, Sharp & Cross sts *Address,* 101 So Stricker St

Sat Bell *M.D.,*

Medical Attendant

Coroner's Dep't

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 Nov 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Naas

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, one *Years,* one *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} O

Occupation, O

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Born in Baltimore

Place of Death, {Give street and number} 935 W. Baltimore St

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 4th

Undertaker, F. N. Ford

Place of Business, 131 Hanover St

G. Wape, M. D.
Medical Attendant.

Address, Entaw between Lexington & Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52477 *Office of Registrar of Vital Statistics.* Ward 16 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1881 (Effard)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} infant of George N Everett & Mary Ann Everett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* few hours *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Little Paca St

Cause of death, First, (Primary,) Premature Birth (?)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill Cemetery

Date of Burial, Nov 4 81

Undertaker, Am Lyon & Denny

Place of Business, No 263 Lafayette

S. H. Carney *M. D.,* Medical Attendant.

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Thursday November 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Annacott

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 4 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 71 W. John St.

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 5th

Undertaker, John W Jackson

Place of Business, 528 N Gay st *Address,* 25 1/2 Greenmount Ave

Wilmer Buntrow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Haigh

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 34 Eutaw St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4 1881

Undertaker, John L Jones

Place of Business, 63 Park ave

J. A. Eckey M. D.
Medical Attendant.

Address, 142 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52480

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmer S. I. Nagle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Indianapolis Ind.

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give street and number.} 364 Pennsylvania Ave.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) " "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mound Cemetery

Date of Burial, Nov 5th

Undertaker, Mrs E. Kimmert

Place of Business, 317 Mulberry St *Address,* 431 Penna. Ave

H. C. Christian *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 022451

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Scott

~~*Son, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 18 mos

Place of Death, {Give street and number} 200 Raling

Cause of Death { First, (Primary,) Debility

Second, (Immediate,)

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 5

Undertaker, Hercules Ross

Place of Business, 95 Conway St

P. M. Eastman *M. D.*
Medical Attendant.

Address, 329 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2d 1881. 5 a m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edmund Blake

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 45 Years *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} No 10 Stevenson Court

Cause of Death, First (Primary,) Hydro Thorax

Second (Immediate,) asthma

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 4/1881

Undertaker, Chas [redacted] White

Place of Business, 95 Granby St

E. Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 52483 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} V

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 16 N. Bethel St

Cause of death, First, (Primary,) old age, Chronic Gastritis

Second, (Immediate,) exhaustion

Duration of Last Sickness, not Known

All the above information should be furnished by the Physician.

Place of Burial, Bockmans Cemetery Mt Carmel Road

Date of Burial, Nov 5th 1881

Undertaker, Dennis & Mitchell

Place of Business, 65 S Broadway *Address,* 126 Mulberry St

Wm Jordan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 32484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ross

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 12 *Days.*

Color, Black.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life death

Place of Death, {Give street and number} Little Pine St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Hemorrhage

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Stinson St. Cemetery

Date of Burial, Nov. 4th 1881

Undertaker, Wm. H. Bishop Jr.

Place of Business, 99 Druid Hill Ave. *Address,* 246 Madison Ave.

Herbert A. Harlan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The space reserved for Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52485

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, November 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip M. Fort.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 83 Fort Avenue

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Woodbine, Carroll Co.

Date of Burial, Nov. 5' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address,*

W. R. McShane M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2383 Fort Av.

Board of Health, City of Baltimore,

Permit No. 52486

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfrd Dickson Carey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 8 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Shucker and Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} No 4 Chestnut St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Failure of heart

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4th 1881

Undertaker, Wm Jas Gray

Place of Business, 65 Mulberry St

Dr. Robt W. Johnson M.D.,
Medical Attendant.

Address, 70 Cathedral St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52187 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Coleman Mother

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months.* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Wine Street

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4th 1881

Undertaker, Hercules Ross

Place of Business, Conway St. *Address,* Comm. of Health

James A. Stewart *M. D.,*
~~Medical Attendant.~~
Reported to the Board
Dec 10th 1881

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52488 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard V. Holland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 52 Hamburg St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 6 F C

Undertaker, Anthony Dey

Place of Business, No 2632 W Pr

J C Bucher M. D.,
Medical Attendant.

Address, 1517 Lancaster St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezekiah Hace

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 54 Milliken St

Cause of Death, {First, (Primary,) Capillary Bronchitis / Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leon[illegible] Cemetery

Date of Burial, Nov 5 1881

C. M. Cullen *M. D.*
Medical Attendant.

Undertaker, William Nburger

Place of Business, No 62 South St *Address,* 85 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52-190 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Powell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} 209 West St

Cause of death, First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 5th

Undertaker, B. Ward

Place of Business, 82 West St

R. J. H. Tall M. D., Medical Attendant.

Address, 15 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52491 *Office of Registrar of Vital Statistics.* Ward 17 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Thuman.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 68 West St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Extinction

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, November 5

Undertaker, B Mues

Place of Business, 82 West St

R. J. H. Tall M. D.,
Medical Attendant.

Address, 15 2 Stuart St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 52492

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

Date of Death, Nov 4 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Stroul

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 43 First Ave

Cause of Death, First, (Primary.) Pericarditis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodbine Carroll County Md

Date of Burial, Nov 5th

Undertaker, P. B. Cook

Place of Business, 707 W Baltimore st

W. R. McGuire M.D.,
Medical Attendant.

Address, 582

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit 2384

Board of Health, City of Baltimore,

Permit No. 52193 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Elliot

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 99 *Years,* 6 *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Before going to the Home a Servant-

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bales.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Aged Men & Widows Home 93 Lee

Cause of death, First, (Primary,) ....

Second, (Immediate,) Old Age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov. 5th 1881

Undertaker, Saml. H. Shaw

Place of Business 188 S. Howard st *Address,* 262 Sharp St.

L. M. Hall *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52494

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Jenny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 351 Cross St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Harp[r] Cemetery

Date of Burial, Nov 6 1881

Undertaker, S. H. Chase

Place of Business, 198 Howard St

H. Allen, *M.D.*,
Medical Attendant.

Address, 89 Myrtle St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52495 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, 4th November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addison Chinn Maddox

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Nine *Years,* four *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 167 York St.

Cause of Death, First, (Primary.) Haemoptysis and debility

Second, (Immediate.) Hydro-Pericardium & Asthenia

Duration of Last Sickness, 2 months and 20 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6 1881

Undertaker, G W Chase

Place of Business, 98 Howard

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52496 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

Date of Death, Nov. 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Shipley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 218 N Gonsalla St.

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 5th 1881

Undertaker, [illegible]

Place of Business, [illegible]

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32497 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} None

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 28 N. Dallas St.

Cause of death, First, (Primary,) Wasting Disease (Acute Gen'l atrophy)

Second, (Immediate,) E. Phaustin,

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 5 1881

Undertaker, Charles A White

Place of Business, 35 Granby st.

Geo H Dayler M. D.,
Medical Attendant.

Address, 2229 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

Date of Death, Nov 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. F. Hanks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} S. E. Cor Orchard Hill Ave & McMechen

Cause of Death, {First (Primary,) Leucocythemia

Second (Immediate,)

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 5th 1881

Undertaker, Dennis & Mitchell

Place of Business, 550 W Fayette St

H. Harrison M. D.
Medical Attendant.

Address 45 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Kain

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 28 Years

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 58 King St.

Cause of Death, First, (Primary,) Epithelioma of Uterus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Pat's Cemetery

Date of Burial, November 5th 1881

C. W. Mitchell M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St. *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special attention of ...

Board of Health, City of Baltimore,

Permit No. 32500 *Office of Registrar of Vital Statistics.* Ward 11 & 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 2/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Malone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years,

Place of Death, {Give street and number.} 670 W. Balto St. near Poppleton

Cause of death, First, (Primary,) Uraemia

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, November 4. 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St. *Address,* 227 W Lombard

A. L. Lucas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52501

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Marriott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} "

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 442 Lexington St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) "

Duration of Last Sickness, 3 months "

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 5th 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Thomas Opie M.D.,
Medical Attendant.

Address, 39 S. Carey

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter E. Gard.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Clark Co. Ohio. All his life

Duration of Residence in the City of Baltimore, 3 years & Six Months

Place of Death, {Give street and number.} 357 Park Ave -

Cause of Death, {First (Primary,) Comp. Fracture of Wrist & Elbow Joints
Second (Immediate,) Tetanus -

Duration of Last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 6 1881

Undertaker, Thos J Hanly

Place of Business, [illegible] *Address* 45 Franklin St

Allan P. Smith. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 52503 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luke Henry Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty five *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Barkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, Sixteen Years

Place of Death, {Give street and number.} No 99 Gilmor St

Cause of death, First, (Primary,) Valvular disease of Heart

Second, (Immediate,) Dropsy Exhaustion

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Howard Co. Md.

Date of Burial, Nov. 6th 1881

Undertaker, Wm. J Gray

Place of Business, 65 Mulberry St

Whitfield Winsey M. D.,
Medical Attendant.

Address, 1N E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Received 2585 [OVER.]

Board of Health, City of Baltimore,

Permit No. 52504

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

Date of Death, November 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Mohland

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 6 Chase St.

Cause of Death, First, (Primary.) Croup. Membranous

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, November 6th

Undertaker, C. Hess.

Place of Business, 82 West St.

O. L. Buddenbohn M.D.,

Medical Attendant.

Address, 116 S. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52505

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie H Langley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N Spring & Pr Ave 188

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheritic Croup

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, 6 of Nov

Undertaker, Wm Frey & Sr

Place of Business, 88 N Spring St

Ad Mahon M.D.,

Medical Attendant.

Address, Eutaw St 138

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52506 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Roberson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 7 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 25 Carlton St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 5th 1881

Undertaker, W. H. Dungee

Place of Business, East St

James A. Stuart M. D.,

~~Medical Attendant~~

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by G. E. Bowen S. Surg.

over

Board of Health, City of Baltimore,

Permit No. 52507

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

Date of Death, Nov 5 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Wallace

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 25 Harmony Lane

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Phthisis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Nov. 5/81

Undertaker, Fred'k A Kretchmer

Place of Business, 50 S. Howard Ave *Address,* Same

Alexander Smiley M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52508

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Nov 4th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

~~Occupation~~, Servt.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Petro Co'y

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} 38 Davis St

Cause of Death, First, (Primary.) Pulmonary Consis

Second, (Immediate.) " " Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimitery

Date of Burial, Sunday Evgn. 3.30

Undertaker W. M. Dungie

Place of Business, East St

Thos Buckler M.D.,

Medical Attendant.

Address, 5-1.4 Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52509

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Herbert Iceman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Reisterstown

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 171 Pierce st

Cause of Death, First, (Primary.) Meningitis with effusion

Second, (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Woodensburg Balto Co

Date of Burial, Nov 6th 1881

E. Meierhoff *M.D.,*
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont St *Address,* 427 W. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52510

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas F. Beard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 13 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 30 S. Regester St

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate.) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 7th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Nicholas [illegible] M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,571 *Office of Registrar of Vital Statistics.* Ward 7 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novbr 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Madaweck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* — *Months,* — *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia 18 months

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 195 N. Caroline St

Cause of death, First, (Primary,) Chronic Intestinal Catarrh

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Concurrent with Disease Lately

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cemetery

Date of Burial, Novbr 6th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 474 N Gay St

T. E. Cashin M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ellicotts Mills

Duration of Residence in the City of Baltimore, About One Year

Place of Death, {Give street and number.} 3 Clayton's Row

Cause of Death, First (Primary,) Marasmus —

Second (Immediate,) (Thrush then Chronic but typical)

Duration of Last Sickness, About three months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 6th 1881

Undertaker, Wm. Shemwell

Place of Business, 236 Pennsylvania Ave

A. B. Robb M. D.
Medical Attendant.

Address No 1 N. Broadway Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32513 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 31 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Jefferson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 3 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 20 Cider alley

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 20 Cider alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 5th 1881

Undertaker, John E. Jordan

Place of Business, No 63 Park ave

Alex M. Fell M. D.
Medical Attendant.

Address 1 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

Date of Death, November 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Gettier

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* — *Months,* 8 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 307 Argyle Ave

Cause of Death { First, (Primary,) Valvular Disease of the Heart,
Second, (Immediate,) Dropsy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 6

Undertaker, C D Blizzard

Place of Business, 207 E Lan

John D Plummit M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

✓

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52575 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE

Date of Death, Nov 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Powell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 7 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 1078 E Baltimore

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, November 4

Undertaker, Powell Bros

Place of Business, Bond St

D. Powell M. D.,
Medical Attendant.

Address, 1078 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2387 [OVER.]

Board of Health, City of Baltimore,

Permit No. 52516

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary. Hamilton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Inn

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 142 Eaugh St.

Cause of Death, First, (Primary.) Hemiplegia

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov. 7th 1887

Undertaker, M A Daiger

Place of Business, 14 S. Bing

R. A. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 5 1894
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, 4 ~ ~

Place of Death, {Give street and number} 11 Bowers Lane

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, about 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 6

Undertaker, J B Cook

Place of Business, 707 West Baltimore

Robt L Knear M. D.
Medical Attendant.

Address, 582 W. Hayet St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52,578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 8h 30m P.M. 2nd November, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zachariah John Sharper

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Fifty-Three Years, Three Months, Nineteen Days.

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Barber - but last Employed in U.S. Custom House

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City - Maryland

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number} 160 Lyon St - formerly Lamb Alley

Cause of Death, First, (Primary.) Paralysis - of Entire Left Side

Second, (Immediate.) " Third attack

Duration of last Sickness, Attacked about 8 hours before death

2nd attack 29 months ago

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Nov 6 1881

Undertaker, G W Perkins & Co

Place of Business, 130 Hanover St

Wm. J. Worth M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Name of Disease of the Brain - We has always some Hours

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th of Novbr 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Pflueger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 2 *Months,* 0 *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper & Smith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cassell Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 35 Wareham St

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness, years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemet

Date of Burial, Nov 7th

D. W. Hellmann M. D.
Medical Attendant.

Undertaker, Mrs P. Kimmerd

Place of Business, 317 Mulberry St. *Address* 120 Paca St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32520 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Ochlershaw

Sex, Male or Female, {Cross out the word not required in this line.} Female Ochlershaw

Age, 1 *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and number.} 480 Penna. Ave.

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.) "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 6th of Nov.

Undertaker, Mrs P. Kimmel

Place of Business, 317 Mulberry St *Address,* 431 Penna. Ave.

W. D. Christian *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52521 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Westermann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 26 Stockholm St

Cause of death, First, (Primary,) ?

Second, (Immediate,) Pulmonary Tuberculosis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 6th

Undertaker, Mrs P. Kimmel

Place of Business, 317 Mulberry St *Address,* 76 Hoda St

J. H. Carney M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 Nov 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susie Young. (Twelve)

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 328 Carey St

Cause of Death, { First (Primary,) Nasal hemorrhage

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Nov 6th 1881

Undertaker, F. A. Kirchner

Place of Business, 50 S. Conkling

W. K. Warner M. D.
Medical Attendant.

Address Stockton & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52523

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th /81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallin Mahl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 months.

Place of Death, {Give street and number.} 27 Wintuling's Court

Cause of Death, First, (Primary.) Pleuritis & Pericarditis

Second, (Immediate.) & Laudium

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paulus - Cem.

Date of Burial, Nov 6th 1881

Undertaker, Leonard Ritz

Place of Business, 129½ S Broadway, *Address,* 128 Park Ave.

Geo. W. Lincoln, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 2...

Board of Health, City of Baltimore,

Permit No. 52524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Steward

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 153 S. Durham St.

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Congestion Chill

Duration of last Sickness, 1 Day & 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th 1881

Undertaker, Theodore J Zacks

Place of Business, 73 Jefferson St

E. P. Evans M. D.
Medical Attendant.

Address, 873 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32525

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 6 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 5th November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Eric Dryden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 60 E. St. Paul St.

Cause of Death, First, (Primary.) Debilitation

Second, (Immediate.) Cerebral Congestion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 7th Nov. 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 4 Calhoun St.

J. H. Scarff *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52326 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Margaret Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Three *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 107 McElderry St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Nov. 6

Undertaker, C. Hollandsworth

Place of Business, 22 N. Paca

Wm. H. Chudnen M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52537 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 6 1891 BALTIMORE

Date of Death, Nov Oct 4 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Schwerka

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Born here

Place of Death, {Give street and number.} 47 Cookside Ct. St Louis

Cause of death, First, (Primary,) Always delicate child

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, Nov. 4th 87

Undertaker, M. Franey

Place of Business, 280 Conton Ave

E. H. Tunney M. D.,
Medical Attendant.

Address, 260 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov. 5th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Heil

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 8 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 42 Fell St.

Cause of Death, First, (Primary.) Eclampsia infantum

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 6th 81

Undertaker, M. Shane

Place of Business, 280 Canton Ave

J. Mathews M.D.,
Medical Attendant.

Address, 248 S. Bond

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 32[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Jackson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, African Race

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co, Md —

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} No. 16 Cross alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Softening of the brain

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov 6th 1881

Louis H Knight M. D.
Medical Attendant.

Undertaker, John C. Corcoran

Place of Business, No. 63 Pairlane

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52530

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elvira Graves

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West Virginia

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 29 Dover St

Cause of Death, First, (Primary.) Phthisis Pulmonaly

Second, (Immediate.) "

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 6 1881

Undertaker, S. H. Chase

Place of Business, 148 Howard St

D. H. Bell M.D.,
Medical Attendant.

Coroners Dr Dist

Address, 161 - S. Liberty St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1881

CERTIFICATE OF DEATH.

Date of Death, November 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Hill

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 52 Ramsay al Bronchitis

Cause of Death First, (Primary,)

Second, (Immediate,)

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6 1881

Undertaker, W H Chase

Place of Business, 19 S Howard St

J Harvey Hill M. D.
Medical Attendant.

Address, 119 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52532 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT 1881 9 NOV

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Burkhead Jr.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 4 Weber St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Nov. 7th

Undertaker, R. Keale

Place of Business, No. 82 West

R. J. H. Tall, M. D.,
Medical Attendant.

Address, 15-28 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1881 NOV 9 HEALTH DEPARTMENT

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Thuman.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 2. *Years,* ——— *Months,* ——— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 234 William St

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.) ———

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, K. Alpharetta

Date of Burial, November 6

D. O. Harrington M. D.
Medical Attendant.

Undertaker, B. Hall

Place of Business, 92 West St. *Address,* 359 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 6...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 52534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1881 9 NOV HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Flaherty Caffry

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ——

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 Willow St.

Cause of Death { First, (Primary,) ... Second, (Immediate,) Consumption

Duration of last Sickness, 9 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov 7th 1881

Undertaker, James D Byrne

Place of Business, 462 N Front St

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52535 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Garrett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Perry St

Cause of death, First, (Primary,) Pertussis

Second, (Immediate,) Marasmus

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemet

Date of Burial, Nov 6th 1881

Undertaker, Saml W. Clar

Place of Business, S. Howard

Thos A Steiner M. D.,

~~Medical Attendant.~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd J. D. T. Smith

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52536 *Office of Registrar of Vital Statistics.* Ward 17½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Allen Greek

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 49 Corkscrew St

Cause of death, First, (Primary,) Damp Dwelling. (perhaps)

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 7th 81

Undertaker, H. Frazier

Place of Business, 280 Canton Ave

E W Janney M. D.,
Medical Attendant.

Address, 266 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Sloan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 13 Boyer st.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate,) Paralysis of heart

Duration of last Sickness, about 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, November 7th 1881

E. P. Sinn M. D.
Medical Attendant.

Undertaker, M. A. Sadger

Place of Business, 74 S. Broadway

Address, 375 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52538 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Kobats,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 262 Fayette St.

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Asphyxia

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, November 7th 1881

Undertaker, H. A. Saizer

Place of Business, 74 S. Bond

Holy Cross Cemetery

G. G. Cook M. D.,

Medical Attendant.

Address, Balt. & Wash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Rinehart

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 192 Forest St

Cause of Death {First, (Primary,) Marasmus

{Second, (Immediate,)

Duration of last Sickness; 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Nov 7th 1881

Undertaker, Peter Frey

Place of Business, 91 E Lexington St

Selius M. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 52540

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bryan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 221 Bolton St

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate.) The same

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 7th 1881

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Henry Sachse M.D.,
Medical Attendant.

Address, 163 W Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Shubring

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Elizabeth Law & Health Sh

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 8. 7

Medical Attendant. M. D.

Undertaker, B. Hall

Place of Business, 62 West Pr.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52,572 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adelaide Rayfield

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, —

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Europe

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, { Give street and number. } 221 W Fayette St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Nov 8th 1881

Undertaker, Wm Eilau

Place of Business, 101 Gough St

H. T. [illegible] M. D.,
Medical Attendant.

Address, 185 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. D

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. November 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dietrich

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 72 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} S. Fremont Street 168

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Apoplexie

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov. 8' 1881

Dr. F. Reinhard M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 N. Baltimore St *Address,* 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Teodore Ochsing

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 11 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 568 Harford avenue

Cause of Death, First (Primary,) Diphtheritic Croup.

Second (Immediate,) Suffocation

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 7th 1881

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St.

Aug. A. Clewell M. D.
Medical Attendant.

Address 559 Harford avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 52545

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov. 6, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia C. A. Mullen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} No

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 6 Augusta & Orleans

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 7th 81

Undertaker, P. D. Gosling

Place of Business, Orleans St

A. N. Arnold *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death [illegible] ceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 3 *Months,* [illegible] 7 *Days.*

Color, White *Sex,* Male Y

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 97 Sterling St

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) Inanition

Duration of Last Sickness, Over 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Greencastle Pa

Date of Burial, Nov 8th

Undertaker, H. C. Middlestadt

Place of Business, Harford ave

John H. Inman M. D.
Medical Attendant.

Address 2388 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2388 Monument

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th of Novb. 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Wirsert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hildesheim (Germany)

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number.} 241 Walnut st

Cause of Death, First (Primary,) Excessive Vomiting

Second (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemitry D. H. Heldmann *M. D.*

Medical Attendant.

Date of Burial, 7 Nov

Undertaker, J. H. Ahrens *Address* 120 Saratt

Place of Business, 341 Penn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52528 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Ernest Porsil

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 617 N Fayette St

Cause of death, First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,) Acute Phthisis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cty

Date of Burial, Nov 7th 1881

Undertaker, John S Thacher

Place of Business, No 150 Lanvale

M. C. Keyser M. D.,
Medical Attendant.

Address, 617 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT Nov 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wessler,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* 2 *Months,* 14 *Days.*

Color, White,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clothing Cutter,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria, Germany,

Duration of Residence in the City of Baltimore, 38 Years.

Place of Death, {Give street and number} 539 N. Gay St.

Cause of Death { First, (Primary,) ; Second, (Immediate,) Apoplexy,

Duration of last Sickness, About 5 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 9th 1881

Undertaker, Adam Fink

Place of Business, 466 N. Gay St

John H. White, M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 82550 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novbr 6th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Zelinska Frauds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty six (66) *Years,* —— *Months.* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia 9 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 247 E. Dallas St.

Cause of death, First, (Primary,) Insufficiency Valve Mitral

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cemetery

Date of Burial, Nov. 8th 1881.

Undertaker, Adam Kunk

Place of Business 461 N. Gay St. *Address,* 461 N. Gay St

T. Work Cour M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32551 *Office of Registrar of Vital Statistics.* Ward 8 11 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kernan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} —

Age, 52 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, {Give street and number.} 11 Valley St.

Cause of death, First, (Primary,) Malarial fever.

Second, (Immediate,) Debility - Ephemeral Shivering Fright

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 7th 1881

Undertaker, James P Byrne

Place of Business, No 63 N Front St. *Address,* 167 N Caroline St

Edmund P McDevitt M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52552 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Quirke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 39 Aisquith St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 7 1881

O S Marion *M.D.,*
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front *Address,* Exeter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3253

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52533

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Dorr

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 68 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 159 S Washington St

Cause of Death First, (Primary,) Cancer of the Stomach

Second, (Immediate,)

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cem.

Date of Burial, Nov 8th 1881

Undertaker, Leonard Kitz

Place of Business, 129½ S. Broadway *Address,* 129 S Broadway

E J Kay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32554

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvester L. Kuhn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} No 187 N Carrollton Av.

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cem

Date of Burial, Nov 8/81

Medical Attendant. *M.D.*,

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* No 205 N Carrollton Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 188[illegible] BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Cranwell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 6 M/s *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, S

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania Co Va

Duration of Residence in the City of Baltimore, 4 M/s 3 mos

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 8

Undertaker, C H Blizzard

Place of Business, 201 Park

C. F. Brune M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 52556 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elias Weitzell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, 1 Yr. 6 mos 28 days

Place of Death, {Give street and number.} 119 Cross St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Dall'o Cem

Date of Burial, Nov 8-1881

Undertaker, B Mauer.

Place of Business, 52 West

Robert S. Rowe M. D.,
Medical Attendant.

Address, 323 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52557

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. 7 1881

CERTIFICATE OF DEATH.

Date of Death, 6 9bre 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Connor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Irlande

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the poor cor. John and Valley Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) apoplexie

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 8th

Undertaker, H C Wiedefeld

Place of Business, 20 Greenmount Ave

Jno Hoode Boyle M.D.,
Medical Attendant.

Address, Calvert & Eager Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. M. 52558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. NOV 8 1881 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Apel.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 8 *Months,* 5 *Days.*

Color, White. *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 159 E. Platt str.

Cause of Death, {First (Primary,) Diptheria.
Second (Immediate,)

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelic. Cem. *Martin Leh,* M. D.
Medical Attendant.

Date of Burial, Nov. 8th 1881

Undertaker, Henry Sander *Address* 75 S. Bond str.

Place of Business, 252 Eastern ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52559

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT. NOV 8 1881 BALTIMORE, MD.

Date of Death, November 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Bardorf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Hair maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number.} 62 S Charles St

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Asthenia

Duration of Last Sickness, about 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Michaels.

Date of Burial, Nov 9/81

Undertaker, Henry Sander

Place of Business, 202 Canton Ave.

Chas. Morfit M.D.,
Coroner E.D.
Medical Attendant.

Address, 62 S Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 6. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Docherty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1. *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 16. Elizabeth Lane

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Diptheritic Croup

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov 8th 1887

Thomas Cordle M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Marsh & Cross sts.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52561 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 8 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Hannaman.

Sex, ~~Male~~ or Female, {Cross out the word not reqnired in this line.}

Age, 1 year *Years,* 3 Months *Months,* and 28 days *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 51, N Liberty St

Cause of death, First, (Primary,) Variola Confluens.

Second, (Immediate,)

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Near the Cemetery

Date of Burial, Oct 8th 1881

Undertaker, E Schlosser

Place of Business,

John T. H. Frazier M. D.,
Medical Attendant.

Address, 275 N Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52562 *Office of Registrar of Vital Statistics.* Ward 8 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1831 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J Norton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Pebbles Court

Cause of death, First, (Primary.)

Second, (Immediate,) Cardiac Disease

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Nov 8th

Undertaker, H C Wiedefeld

Place of Business, 93 Gunther

Wm Whitridge *M. D.,*
Medical Attendant.

Address, Do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52863

HEALTH DEPARTMENT, NOV 8 1881, BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Donahue

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 E Monument St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, some months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 9th

Undertaker, H. C. Middleton

Place of Business, 90 Greenmount Ave

D H Reuchs *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52564

Office of Registrar of Vital Statistics.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 8 1881, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Teacher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Bradford St No 10

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.) Heart disease dropsy

Duration of Last Sickness, 6 months or longer

All the above information should be furnished by the Physician.

Place of Burial, Asbury Burying ground

Date of Burial, 8 of Nov 1881

Undertaker, J W Coates

Place of Business, [illegible]

E C Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Bell Seymour

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* Twenty *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 28 Watcote St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8 1881

Undertaker, William H Dugee

Place of Business, 62 East St

J. F. McCormick M.D.
Medical Attendant.

Address 434 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 8 1881 BALTIMORE MD.

Permit No. 52566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Gant

Sex, Male or Female, {cross out the word not required in this line.}

Age, Eight (8) *Years,* One *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 5 Short St.

Cause of Death First, (Primary,) Dysentiria

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8 1881

Francis A. [illegible] *M. D.*
Medical Attendant.

Undertaker, William H. Dugee

Place of Business, 62 East St *Address,* 105 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52567 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1881 1/2 advanced

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wolzenbach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 03 *Years,* 2 *Months,* 18 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Steel Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2y years

Place of Death, {Give street and number.} 92 N Durham

Cause of death, First, (Primary,) Carcinoma Ventriculi

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, St Alexanders Cemetery

Date of Burial, Novem 10 1881

Undertaker, John Hennig's

Place of Business, 382 Orleans St *Address,* 74 N Eden St

C. W. Fisher *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52568

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT. NOV 8 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Gruen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 85 N. Ann st

Cause of Death, First, (Primary.) Diphtheria —

Second, (Immediate.) — Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Vacant Carmel Cemetery

Date of Burial, Novem 8 1881

Undertaker, John Kenney

Place of Business, 382 Orleans St *Address,* 22 Jackson Place

Thomas B. Evans M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52565 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 8 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Mary Gertrude Blair.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 4 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 26 E Baltimore St

Cause of death, First, (Primary,) Chronic Gastro-Intestinal Indigestion

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 8th

Undertaker, Walter F. Emmel

Place of Business, 315 W. Biddle

A. Ricker, M. D.,
Medical Attendant.

Address, 530 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52570 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Vina Janoko

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... ~~*Days.*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 96 S. Schroder St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov. 8' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

A. L. Shuer M. D.
Medical Attendant.

Address, 887 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. [illegible]

Board of Health, City of Baltimore,

Permit No. 52577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Truman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 9 Years.

Place of Death, {Give street and number} 196 Barre St.

Cause of Death, First, (Primary.) Exhaustion - Left side

Second, (Immediate,)

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Germantown B & P R.R.

Date of Burial, Nov 7th 1881

Undertaker, John L Gaehen

Place of Business, No 150 Camden St

Chas. H. Riley M. D.
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Famen 2350

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52572 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 8 1881 BALTIMORE, MD.

CERTIFICATE OF ~~DEATH~~.

Date of Death, Novmbr 6th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Wilson.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* ..... *Days.*

Color, White.

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and number.} 366 N. Gilmor St.

Cause of death, First, (Primary,) Malarial Fever.

Second, (Immediate,) Gastric Irritation.

Duration of Last Sickness, 26. Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 8th 1881

Undertaker, John S Martin

Place of Business, No 150 Eastern Av

John T. R. Wood M. D.,
Medical Attendant.

Address, 253 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 52573

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT, 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Latta Schaake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 2 *Months,* 16 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, after birth

Place of Death, {Give street and number.} 213. Canton ave

Cause of Death, First, (Primary.) Typho-Malarial Fever

Second, (Immediate.) " " Perforation of bowels Peritonitis

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Mem.

Date of Burial, Nov. 9th 1881

Undertaker, Henry Sander

Place of Business, 232 Canton ave *Address,* 86 E. Fayette St

G A Dohme *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52574

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 8 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nolan.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White.

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 71 N. Fremont.

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart burn.

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Nov 9 1881

Undertaker, Mrs J Kummert

Place of Business, 317 Mulberry

J. G. Hibbelin M.D.,
Medical Attendant.

Address, Fayette & Paca Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52573 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 8 1893
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 8th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Tohl

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 6 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} N. Fremont n 25

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) —

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 9 November

Undertaker, Mrs F. Kummerer

Place of Business, 317 Mulberry St.

H. E. Reinhard *M. D.,*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ____

Board of Health, City of Baltimore,

Permit No: 52876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Guinn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 58 *Years,* ____ *Months,* ____ *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland - 30 yrs.

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give street and number} University Hospital.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Adynamia.

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 10th

Undertaker, Hubard

Place of Business, ____

Robert A. Welsh M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 52577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7 Nov. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kelly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* X *Months,* X *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} 340 East. avenue

Cause of Death, First, (Primary,) Phthisis Pul.

Second, (Immediate,) Febris Remittans.

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, Nov. 9 81

B. F. Leonard M. D.
Medical Attendant.

Undertaker, M. Frazer

Place of Business, 980 Eastern Ave

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52578 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7th. November 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Eyring

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7H *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Weissbach, Bavary, Germany

Duration of Residence in the City of Baltimore, 2H years.

Place of Death, {Give street and number.} N. Washington Street 3.

Cause of death, First, (Primary,) Enterophthisis

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 2d 81

Undertaker, M. Franz

Place of Business, 210 Canton ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52579 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th November

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jackson

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ~~Carpenter~~ Fisherman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 102 S Exeter St

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ London Park Cemetery

Date of Burial, Nov 9th 1881

Wm H Steffenderfer M. D.
Medical Attendant.

Undertaker, Wm. Shemwell

Place of Business, 336 Pennsa Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 52580 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel P. Webb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cash Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, a life time

Place of Death, {Give street and number.} 21st Biddle St.

Cause of death, First, (Primary,) Malarial Chill

Second, (Immediate,) Heart failure

Duration of Last Sickness, 6 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 4th of November

Undertaker, Adam Fink

Place of Business, 461 W. Pratt St.

J. H. White, M. D., Medical Attendant.

Address, 349 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 52581 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~November~~ 7th 9.30 p.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Espile

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Haushold.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty five

Place of Death, {Give street and number.} No. 258 Chese Str near Conte A.

Cause of death, First, (Primary,) Pneumone

Second, (Immediate,) Consumption

Duration of Last Sickness, One Years.

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mc Henry

Date of Burial, Nov 10 1881

Undertaker, Henry Hook & Son

Place of Business, 309 N. Central Av *Address,* 160 Saratoga.

John J. Fitzpatrick M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 52582

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Morgan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, Seventy Three Years, Eight Months, Twenty three Days.

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England — Sixty five years in U.S.

Duration of Residence in the City of Baltimore, Fifty one years

Place of Death, {Give street and number.} N° 272 N° Bond St

Cause of Death, First, (Primary.) Ulcerative Diarrhea

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 9 1881

Undertaker, Henry Hoeck & Son

Place of Business, 309 N. Central Ave

A. Hartman M.D.,
Medical Attendant.

Address, N° 305 N° Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Coats

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, —— *Years,* Two *Months,* ..... *Days.*

Color, Mulatto

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number} No. 8 - L. Pine St.

Cause of Death First, (Primary,) Enteritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov. 9th 1881

Undertaker, Mrs. H. Bishop

Place of Business, Pennsylvania Ave

J. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52584 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Gamblen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 5 *Months,* *Days.*

Color, colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 3 Hueseler St.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9th 1881

Undertaker, Wm H Beck & Son

Place of Business, 9 Pennsylvania ave.

L. C. Hom M. D.,
per E H K. Medical Attendant.

Address, 220 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 32585 — *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Hughes,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 73 *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 51 S. [illegible] St.

Cause of death, First, (Primary,) Melancholia

Second, (Immediate,) Inanition

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 9th 1881

Undertaker, Thos S. Hughes

Place of Business, 606 Balto St

G. G. Lynch M. D.,
Medical Attendant.

Address, Balto & Paca [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52586

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Nov 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dallas St 97 (N)

Cause of Death, First, (Primary.) Bronchial Catarrh

Second, (Immediate.) Exhaust

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 9 1881

Undertaker, S. M. Edmondson

Place of Business, 198 Howard St.

John A Schultz M.D.,
Medical Attendant.

Address, N E Cor Lough & Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52587

Office of Registrar of Vital Statistics.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 8 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ellis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* —— *Months,* ——*Days.*

Color, White —

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Pneumonia —

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 9th 1881

Undertaker, Jacob Ahrens

Place of Business, ~~No 30 North Eutaw St~~ *Address,* City Hospital.

H. J. Lacian *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52588

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November the 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cofian Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, Colard

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Mid Wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Talbart County, Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} No 57 Leadens Hall St

Cause of Death, First, (Primary.) Consumption And

Second, (Immediate.) old Ages

Duration of Last Sickness, One Years

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Laurel A Cemetery

Date of Burial, Nov 9th 1881

Undertaker, Sam'l W. Clare

Place of Business, 198 Broadway

Pilcrest M.D.,

Medical Attendant.

Address, No 36 Laurel

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52589 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

Date of Death, Nov. 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annabelle Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md ✓

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 216 Gough St.

Cause of death, First, (Primary,) Infantile Remittent Fever

Second, (Immediate,) Hypostatic Pneumonia

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Mt E Cemetery Ohio Road

Date of Burial, Nov 10th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

G. G. Lusk M. D.,

Medical Attendant.

Address, Balt & Mark Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalene Krieger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number} 72 Lexington

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Pneumonia

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10

Undertaker, ~~Undertaker~~ H Boiler

Place of Business, ~~Undertaker~~ Hanover St 81

H Adler M. D.
Medical Attendant.

Address, 95 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52591 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 79 N Kenn st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Thumcarkayer

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 9th

Undertaker, H C Wiedefeld

Place of Business, 9 E Fremont Address, 16 E Saratoga

Edward P. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52892 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* One *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 22 Months

Place of Death, {Give street and number.} 197 Montgomery St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Nov 9th 1881

Date of Burial, Howard Co Md

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery *Address,*

E. R. Wm *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 52593

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

Date of Death, 8th Nov 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R. Randle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 55 Williams St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) asthenia

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 11th

Undertaker, B. Harle

Place of Business, 82, West st

Augustus N. Dodge M.D.,
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32594 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace S. Furdum

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 114 Townsend St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 10th 1881

Undertaker, John E. Hough

Place of Business, Penna Ave

James A Steuart M. D.,

~~Medical Attendant.~~ Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by — B. Dess

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52595 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maternité Hospital

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of Last Sickness, Dying when received.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 8. 1881

Undertaker, Geo Shuham

Place of Business, 152 Division St

Marburg Brewer M. D.,
Medical Attendant.

Address, 68 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52596 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

Date of Death, November 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann P. [illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Moulder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 120 S. Stricker St.

Cause of death, First, (Primary,) Acute Pneumonia & Enteritis

Second, (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Cem.

Date of Burial, Nov. 10' 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St.

John Neff M. D.,
Medical Attendant.

Address, 234 Carollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52597 *Office of Registrar of Vital Statistics.* Ward 6 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, November 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lora Whales

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #210 Mulligan St.

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Renal disease & dropsy

Duration of Last Sickness, Taken sick August 1st while in Rensselaer — 3 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Cemetery

Date of Burial, Nov. 9th 1881

Undertaker, Theodore J. Brooks

Place of Business, 73 Jefferson

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 19 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52598

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Davis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Chair maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Penn'a.

Duration of Residence in the City of Baltimore, fifty years.

Place of Death, {Give street and number.} 72 Chew St.

Cause of Death, First, (Primary.) Spasm of the glottis

Second, (Immediate.) Oedema of the lungs.

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 10th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn

A. F. Erich M.D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52599 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Milton Rinehel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 4 *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 179 N. Caroline

Cause of death, First, (Primary,)

Second, (Immediate,) Diptheral Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Schwartzes Luthern Cemetery

Date of Burial, Nov 10th

Undertaker, Geo Schilling

Place of Business, Ashland Square

J. Ridgway Brady M. D.,
Medical Attendant.

Address, 121 S Bals

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32600 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7/81 St Josephs Hospital

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Herzog

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} At Josephs Hospital

Cause of death, First, (Primary,) Paraplegia

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City Cemetery

Date of Burial, Nov 11th

Undertaker, Geo Schilling

Place of Business, Ashland Square

F A Warner M. D.,

Medical Attendant pro tem.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52601

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frances Phelps

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* Eleven *Months,* Fourteen *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 112 North Exeter St

Cause of Death, First, (Primary.) I think catarrh.

Second, (Immediate.) Croup pseudomembranous. ✓

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Nov 9th 1881

Milton N. Taylor M.D.,
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St. *Address,* Baltimore City

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52605

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 9 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen J. Kinney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Birdsall N.Y.

Duration of Residence in the City of Baltimore, 2 yrs 9 mo

Place of Death, {Give street and number.} 27 Hanover St L.P.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Dr. Mc. Bowden

Duration of Last Sickness, about 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Somerville N.Y.

Date of Burial, Nov 10th 1881

Undertaker, H A Dauiger

Place of Business, 147 Bway

G A Dohme M.D.,
Medical Attendant.

Address, 86 Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2392 Transit

Permit No. 52603

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Magarity

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Builder

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} # 185 E. Eager St

Cause of Death, First, (Primary.) Concussion of Brain

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 10 Days & 8 1/2 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Geo. A. Hartman M.D.,
Medical Attendant.

Address, # 305 N Caroline St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52604 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John, Powell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 13. *Months,* ——— *Days.*

Color, Colr.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——— ———

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} News. Co. in Rear 78 Burgundy Alley

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Pub Lic Cem

Date of Burial, Nov 10 - 1881

Undertaker, F A Kerchner

Place of Business,

Thomas A Cleary M. D.,

~~Medical Attendant.~~

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 02605

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Zucker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Catonsville Md

Duration of Residence in the City of Baltimore, Long time

Place of Death, {Give street and number.} 56 Sarah-Ann St

Cause of Death, First, (Primary.)

Second, (Immediate.) Hemoptysis

Duration of Last Sickness, Two days. - Complaining a long time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9

Undertaker, John H. Owens

Place of Business, 152 Lee St

D. Luckling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St, Bal

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52606

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or be not if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Jay

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bald. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 135 S. Broadway

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Nov. 10th 1881

Undertaker, Denny & Mitchell

Place of Business, 163 Broadway

R. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James T. Blakistone

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Lawyer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St. Mary's Co. Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and number. } 61 McCulloh St.

Cause of Death, First (Primary,) Dyspepsia ?

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 10th Nov. 1881

J. E. Lindsay M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son *Address* 167 Park Ave.

Place of Business, 75 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued, by [illegible] of each week.

52608

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52608

Office of Registrar of Vital Statistics.

Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. W. Linthicum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 218 Burgundy Alley

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 218 Burgundy Alley

Cause of death, First, (Primary,) Spasm.

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 10th 1881

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St

L. H. L. Gall M. D.,
Medical Attendant.

Address, 412 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and place of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5-2609

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART. NOV 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Boyce

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 15 Bartlett St Removed to 21 Sterling St

Cause of Death, First, (Primary.) Don't Know

Second, (Immediate.) Don't Know

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cath Cemty

Date of Burial, Nov 10th 1881

Undertaker, Jos H Byrne

Place of Business, 59 n Liberty St

A. Vol Coltburn M.D.,

Medical Attendant.

Address, 345 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52610 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE

Date of Death, Nov 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ryan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland - 26 years

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} Found floating in Long Dock

Cause of death, First, (Primary,) accidental

Second, (Immediate,) Drowned (Jury Verdict

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Nov 10th 1881

Undertaker, L. F. Krause

Place of Business, 11 Hanover

Edward Ralbe M. D.,
Medical Attendant.

Address, Coroner's Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32611 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Nov. 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Whittington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} #768 W Baltimore Street

Cause of death, First, (Primary,)

Second, (Immediate,) Intussusception of Bowels

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 10th 1881

Undertaker, L. M. Leeran Jr. *Medical Attendant,* Dennis Morris M. D.,

Place of Business, 782 W Baltimore *Address,* 761 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sophia Natalie Owings

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bald Co Md

Duration of Residence in the City of Baltimore, ~~96 Wilde St~~

Place of Death, {Give street and number.} 96 W Biddle St

Cause of Death, First (Primary,) Disease of Heart

Second (Immediate,) "

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Garrison Forest Bald Co

Date of Burial, Nov 10 81

Undertaker, STEWART & MOWEN,

Place of Business, UNDERTAKERS, 35 Park Ave.

R Donaldson M.D.

Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 52613

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Hartman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46. *Years,* 4 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 144 S. Durham St.

Cause of Death, First, (Primary.) Chronic Dysentery,

Second, (Immediate.) Marasmus

Duration of Last Sickness, One month,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 11 '81

Undertaker, M. Franer

Place of Business, 220 Fenton Ave

A. F. Erich, M.D.,
Medical Attendant.

Address, 94 E. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52614 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 4 P.M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~~x x /~~ Washer woman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number.} 252 S. Durham St.

Cause of death, First, (Primary,) Peritonitis

Second, (Immediate,)

Duration of Last Sickness, About Seven Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 10th 81

Undertaker, M. France

Place of Business, 980 Canton Ave

Jno. E. Donelle M. D.,
Medical Attendant.

Address, 99 E. Fallsway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 52615

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Ritter

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years ✓

Place of Death, {Give street and number.} 23 S. Amity

Cause of Death, First, (Primary.) Acute nephritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 11th 91

Undertaker, M. Crone

Place of Business, 780 Fenton Ave

J. Mathews M.D.,
Medical Attendant.

Address, 24 S. Amity

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52616 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7th N. Chapel St.

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 10th 81

Undertaker, M Franz

Place of Business, 280 Canton Ave

J. H. Hollenberg, M. D.,
Medical Attendant.

Address, 269 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32617

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th November 1889.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burneston Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* two *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 60 China St.

Cause of Death. First, (Primary.) Hydrocephalus=congenital

Second, (Immediate.) Tubercular=meningitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Street

Date of Burial, November 10

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

J. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52618

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian H Muhly

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Seven *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ———

~~Occupation,~~ ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 95 Ridgely st

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Anæ

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Nov 11

D. L. H. Barclay *M.D.,*
Medical Attendant.

Undertaker, Julius Koehler.

Place of Business, N W Thorp & Bros *Address,* 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32619 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inessa E. Gallegher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 298 Cross St

Cause of death, First, (Primary,)

Second, (Immediate,) Diptheria

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Roman Cath. Cem.

Date of Burial, Nov 12.

Undertaker, Julius Kohler

Place of Business, Cor. Cross & Sharp

Theodore Gatch M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32620 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kiel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 161 E. Green st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cem. Dund Hgts Park

Date of Burial, Nov 10 th 1881

Undertaker, Julius Koehler

Place of Business, Harford Ave & Orleans st

J C Buck M. D.,
Medical Attendant.

Address, 151 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52621 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th Nov 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena E. Reed

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 124 Hughes st

Cause of death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diptheria

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Quaker Cemetery Hilford Road

Date of Burial, November the 10.

Undertaker, B. Hearle

Place of Business, No 812 West F.

H. W. Kobler M. D.,
Medical Attendant.

Address, 57 Bunker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32622 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

Date of Death, Nov. 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Rebecca Gross

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 10 *Months,* *Days.*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 213 Howard St.,

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 11th 1881

Undertaker, Wm. H. Chase

Place of Business, 198 S. Howard St.

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32623 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conduce Gatch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County, Md.

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 93 Columbia Aven M E Church

Cause of death, First, (Primary,) Brain Softning

Second, (Immediate,) Progressive Paralysis

Duration of Last Sickness, 8 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cty

Date of Burial, Nov 11th 1881

Undertaker, John Thacker

Place of Business, No 150 Canton

J. H. Carey M. D., Medical Attendant.

Address, 76 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52624

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wagon driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City — Life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Dwelling on near Biddle st

Cause of Death, First, (Primary.)

Second, (Immediate.) Bright Disease (Kidneys)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 10th 1881

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Alexander Tansley M.D.,
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52625 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novr 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Steinert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 0 years.

Place of Death, {Give street and number.} 16 Forrest street

Cause of death, First, (Primary,) Sub acute Peritonitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 18 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 11

Undertaker, Rawlings Bartell

Place of Business, 62½ W. Baltimore St. *Address,* 454 S Eutaw St

D. E. Dolan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32626

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Frances Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* 11 *Months,* 7 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Seamstress &c.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 50 East St.

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.)

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ever Green cemetary

Date of Burial, Thursday Nov 10th

Undertaker, William H Dunger

Place of Business, No 62 East st

D W Cathell M.D.,

Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32627

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane L. Windsor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} 155 S. Ann St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of Last Sickness, 18 hrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 11th 1881

Undertaker, Lemmy & Mitchell

Place of Business, 65 S Broadway

R W Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52628

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Dennis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 26 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lighterman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Sloop Lilie Virginia Millers Wharf

Cause of Death, First, (Primary.) accidental Drowning

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 10th 1881

Undertaker, P. Mullin

Place of Business,

Chas M. Morfit M.D.,

Medical Attendant.

Corner E. Lo

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novemb 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Holmes

Sex, Male or Female, { cross out the word not required in this line. } female

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No 3 N. Wolf st.

Cause of Death { First, (Primary,) Diphtheritic croup

{ Second, (Immediate,) Asphyxia

Duration of last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cy.

Date of Burial, Nov. 10 /81

{ *Undertaker,* D. D. Reming

{ *Place of Business,* 97 Orleans

Thos L Simms M. D.
Medical Attendant.

Address, 240 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUGGERTY & CO. CITY PRINTERS AND STATIONERS.

[over

Board of Health, City of Baltimore,

Permit No. 32630 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Jones.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 153 Mark St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10th 81

Undertaker, Geo W Perkins

Place of Business, 130 Hanover St

W. S. Booze M. D.,
Medical Attendant.

Address, 206 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32631 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate English

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 9 Pleasant alley

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of Last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cem

Date of Burial, Nov. 11th 81

Undertaker, M. France

Place of Business, 280 Canton Ave

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52632

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Cavanaugh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give street and number.} 38 Rose St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov. 11th

Undertaker, W. Dysart

Place of Business, N. Bond st. 151

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52633

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Colton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 187 Eden St

Cause of Death { First, (Primary,) Tonsillitis
Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 11th 1881

Undertaker, Mathew Gaddagan

Place of Business, 227 Madeley St

D. C. Dale M. D.
Medical Attendant.

Address, 190 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* — *Months,* — *Days.*

Color, Black — *Sex,* Female

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None — Formerly work —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, About 15 years —

Place of Death, {Give street and number.} 37 Forney's alley

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Old age —

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 10th 1881

Undertaker, John C. Jordan

Place of Business, 63. Park ave

136 W Baltimore M. D.
Medical Attendant.

Address 227 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 52635 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shrott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Furtzheim Baden Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 17 Chestnut alley East

Cause of death, First, (Primary,) Dyspeomania

Second, (Immediate,) Organic Disease of the Heart

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 11.

Undertaker, Walter Imme

Place of Business, 315 W. Baltimore

James S Fullis M. D.,
Medical Attendant.

Address, No 134 Penal East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52636

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Deaver

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 13 *Years,* 3 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 169 N. Central Avenue

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Lamed Cemetery

Date of Burial, Nov 11th 1881

Undertaker, Jno H Weaver & Co.

Place of Business, [redacted] *Address,* 55 N. Greene St

Wm M Kemp *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wash. Ilgenfritz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Road, Balto Co Md

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number} No 512 E. Chase Street

Cause of Death First, (Primary,) Erysipelas

Second, (Immediate,) Debility & Anaemia

Duration of last Sickness, Few Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, November 11th 1881

Undertaker, N A Daiger

Place of Business, 74 E. Broadway

J. Russell Woodward M. D.
Medical Attendant.

Address, Hoffman & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52638 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Eckel

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Col-d

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England 4 years

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Accidentally smothered by earth Canton Avenue & Ely

Cause of death, First, (Primary,) Asphyxia Asphyxia

Second, (Immediate,) ~~Suffocation~~

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11th 1881

Undertaker, A. W. Wyman

Place of Business, Lanvale St

Edmund R Walker M. D.,
Medical Attendant.

Address, Canton Ave P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32639 *Office of Registrar of Vital Statistics.* Ward 82

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gordon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Mar~~ Widow

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 7 Wilcox St

Cause of death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,)

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 11 1881

Undertaker, James P Byrne

Place of Business, No 63 N Howard St

Wm Whiting M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32640 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rust

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 3 *Months.* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 121 Sarah Ann St

Cause of death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Nov 11 1881

Undertaker, David W. Chase

Place of Business, Howard St

James H Cleaves M. D.,

~~Medical Attendant~~ Registrar

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sworn by - J. J. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 52621

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Wolf

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 7 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 113 Requier st.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Septicemia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformed Cemetery

Date of Burial, Nov. 11th 1881

Undertaker, J. C. Schultz

Place of Business, 265 Aisquith Street

Thomas B. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52614 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Bruscup.

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months.* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Crose out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} 83 N. Caroline St

Cause of death, First, (Primary,) Asthma

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 11 81

Undertaker, Fry & Son

Place of Business, 51 N Bradway *Address,* 137 Eden St

S. J. Gaylor. *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Dugnan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland, 32 Years

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary,) Hemiplegia

Second, (Immediate,) Asthenia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, All Peters Cemetery

Date of Burial, Nov 12 1881

Undertaker, James A Byrne

Place of Business, No 62 N Front St

C. H. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hardiman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, / *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Buet City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Hoffman & Cathedral Streets

Cause of Death { First, (Primary,) Pertussis & Dentition
, Second, (Immediate,) Asthenia

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ecam

Date of Burial, Nov 11th 1881

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Marbury Bowen M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 52645

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52645

The Physician who attended any person in [redacted] illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Robert A. & Mary H. Woodward

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 87 Biddle St.

Cause of Death { First, (Primary,) Tetanus.
, { Second, (Immediate,)

Duration of last Sickness, From birth.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 12th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 342 N. Broadway

John E. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32646

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th Nov. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Meekes

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 17 *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } 296 E. Lombard St.

Cause of Death, First, (Primary,) Typoid Fever

Second, (Immediate,) Peritonitis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery.

Date of Burial, 11th Nov.

E. J. Byrns M. D.
Medical Attendant.

Undertaker, Fred. Goede

Place of Business, 29 S. Caroline

Address, 373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32647 *Office of Registrar of Vital Statistics.* Ward 14, 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hebron

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 157 Raborg St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Shiloh St Cemetery

Date of Burial, Nov 11th 1881

Undertaker, W. H. Dungey

Place of Business, East St *Address,* Comm. of Health

Thos A Hebron M. D., ~~Medical Attendant~~ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (OVER.)

Exam'd by John E. Durden

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Rowe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 2 1/2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nurses & Child Hospital

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Fowlers Park

Date of Burial, Nov 11 1881

C. F. Bryan M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Penn ave

Address, N. E. cor Lanvale & Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52649

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mifflin Adolph

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne's County. Md

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary,) Concussion & contusion of Spinal Cord.

Second, (Immediate,) Paralysis of respiratory muscles

Duration of last Sickness, Ninth hours

All the above Information should be furnished by the Physician.

Place of Burial, Queen Anne's County Md

Date of Burial, Nov 12th 1881

C. W. Mitchell M. D.
Medical Attendant.

Undertaker, Daniel Hacker

Place of Business, No 150 Camden St

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PUBL. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

2395 Transit

[OVER.]

Permit No. 32650

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Price

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Twenty eight *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 162 W Biddle St

Cause of Death, First, (Primary.) Entero-colitis

Second, (Immediate.) — —

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, November 12th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Elias C Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Kufer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* 11 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clothing Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} No. 543 Harford ave

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Asthenia

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt.

Date of Burial, Nov. 13 1881

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

[illegible] M. D.
Medical Attendant.

Address 543 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Levi Wilkinson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, {Give street and number} 331 William St.

Cause of Death { First, (Primary,) Tabes Mesenterica
Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, November 11th

{ *Undertaker,* B. Hurle
{ *Place of Business,* 52 West St.

Robert S. Rowe M. D.
Medical Attendant.

Address, 323 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 52683. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9 / 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Graves

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 102 Cooksie St.

Cause of death, First, (Primary,) Unknow

Second, (Immediate,) Congestion Lungs

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, November 11th

Undertaker, B. Hark

Place of Business, 452 West Street

E. H. Parrish M. D.,
Medical Attendant.

Address, 260 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-2654

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Hines

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 2 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 403 Wheatent St. S. of Winchester St

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 12 1881

Undertaker, Geo Saffron

Place of Business, No 121 Penna Ave

Wm. W. Mowney M.D.,
Medical Attendant.

Address, 308 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52655 — *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

Date of Death, Nov 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Andrews

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 79 S. Caroline St

Cause of death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 9 years

All the above Information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Nov 12 1881

Undertaker, John Lake

Place of Business, —

James A Steuart M. D.,

Medical Attendant

Address, Comm. of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Signed — J. P. Smith

[OVER.]

Permit No. 52656

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sallie A Dayton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 44 Hamburg St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Nov 13th 1881

Undertaker, Armstrong & Dorsey

Place of Business, 263 Light St

H C Stokes M.D.,
Medical Attendant.

Address, 81 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52167 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octobr 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ottilia Hellsöfer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months.* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Was born

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Belgian Ave above Washington Ave

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Perforation

Duration of Last Sickness, 7 (seven) Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 13 1881

Undertaker, Henry Hoeche & Son

Place of Business, 209 N. Eutaw

C. W. Talbot M. D.,

Medical Attendant.

Address, 409 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52658

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. W. Keile

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 10 *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 161 E. Green St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Cerebral Congestion

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cem. E. Balto Pike

Date of Burial, Nov 12th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 151 Hanover St

L. C. Buck *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32659

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

Date of Death, November 12 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Lohman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days.*

Color, White —

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Lung Phthisis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, November 13th.

Undertaker, Rau & Bartell

Place of Business, 62½ W. Balto st

H. J. Lacian *M.D.,*

Medical Attendant.

Address, City Hosp. —

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52660 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Klug

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Oberhausen Germany

Duration of Residence in the City of Baltimore, Forty seven yrs.

Place of Death, {Give street and number.} 16 E. Pratt St.

Cause of death, First, (Primary,) Marasmus.

Second, (Immediate,) Carbuncle

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hom.

Date of Burial, Nov. 13th 1881

Undertaker, Peter Frey

Place of Business, 91 Exeter St

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 32661

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Nov 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Gallagher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 1865 Spring St

Cause of Death, First, (Primary.) 1 Intemperance & Exposure

Second, (Immediate.) 2

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Epis P.R

Date of Burial, Nov. 13 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

Chas Marsh M.D.,
Coroner
Medical Attendant.

Address, 107 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52662

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

Date of Death, Nov. 11/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. E. Dagen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 247 Canton av.

Cause of Death, First, (Primary.) Inflammation of bowels

Second, (Immediate.) Cerebral congestion

Duration of Last Sickness, 4 F. hours,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 13th, 1881

Undertaker, Henry Sander

Place of Business, 252 Canton ave

R. W. Mansfield M.D.,

Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52663 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leon H. Hackett

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Abt 15 years.

Place of Death, {Give street and number.} 29 Wayne St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12 1891

Undertaker, D W Chase

Place of Business, 198 N Howard St

C. W. Booze M. D.,
Medical Attendant.

Address, 216 Shanks St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32664

Tho Physician who attended any person in a last illness is responsible for tho presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Fiedemyer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty-one *Years,* *Months,* Ten *Days.*

Color, White *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Arlington, Baltimore County.

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} 419 Lamvale street

Cause of Death, First (Primary,) Malpresentation requiring artificial delivery

Second (Immediate,) Puerperal peritonitis.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Arlington Balto Co.

Date of Burial, Nov 13th 1881

Undertaker, Andrews & Hodges

Place of Business, 406 Druid ave

E. H. Holbrook M. D.

Medical Attendant.

Address 185 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ication. Write the Name of the Disease on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 10 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Maloney

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 97 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} dont Know

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) ...

Second (Immediate,) Consumption

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, November 11

Undertaker, Patrick Mullin

Place of Business, ...

Silas Baldwin M.D.
Medical Attendant.

Address, 152 Townsend St. Balt.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

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Board of Health, City of Baltimore,

Permit No. 52666

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov. 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Hilman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* ——— *Days.*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} N. W. Cor. of North & Eastern Ave

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Suffocation

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cem.

Date of Burial, Nov. 12th 1881

Undertaker, Henry Semsdes

Place of Business, 252 Eastern Ave

J Struthers M.D.,
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52667 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nicol

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* Three (3) *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 167 Stirling Street

Cause of death, First, (Primary,) Pneumonia Diathesis

Second, (Immediate,) Marasmus

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Mt. James, Cemetery

Date of Burial, Nov 13 1881

Undertaker, Henry Hoede Son

Place of Business, 309 N. Central Ave

Woodson M. D., Medical Attendant.

Address, 474 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52668

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. V. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* 15 *Days.*

Color, White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 East Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 12th 1881

Undertaker, J. B. Cook

Place of Business, W. Balto St

E. B. Stith M.D.,
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52669

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna A. Gollichau.

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} Brown Street.

Cause of Death, First, (Primary,) Burns from Hot Water

Second, (Immediate,) Eclampsia.

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, ~~Western Cemetry~~ Nov 12

Undertaker, B. Hall

Place of Business, 82 West St.

L. O'Harrington, M. D.
Medical Attendant.

Address, 359 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SHARFF & CO., CITY PRINTERS AND STATIONERS. [CT 48]

Board of Health, City of Baltimore,

Permit No. 52670

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT
NOV 17 1881
BALTIMORE

Date of Death, Nov 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mardie Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower;*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Mary America

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give street and number.} 46 Cross St

Cause of Death, First, (Primary.) Dyptheria

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 14

Undertaker, B. Mudd

~~*Place of Business,*~~ 82 West St. *Address,* 50 Hanover

H B Smith M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 52671

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joan Wallack

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 35 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Clerk.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 37 S Bond St

Cause of Death, First, (Primary.) Enteric Colitis.

Second, (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, Nov 13th 1881

Undertaker, Penny & Mitchell

Place of Business, 65 S. Broadway

C. O. Claw M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2397 Francis

[OVER.]

No. 6610

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele Whitcomb

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany, Iowa months

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give street and number} 200 Burgundy Alley

Cause of Death, First, (Primary,) Cardiac Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 13

C. W. Mitchell M. D.
Medical Attendant.

Undertaker, Julius Kahler

Place of Business, Sharp & Cross St. *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32673 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Hips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* 11 *Months,* 8 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty-five years.

Place of Death, {Give street and number.} # 211 S. Washington St.

Cause of death, First, (Primary,) Typhoid malarial Fever

Second, (Immediate,) accompanied by old age

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare Cem

Date of Burial, Nov 13 th

Undertaker, Wm Sanders

Place of Business, 252 Pennsa Ave

John H. Kehberger M. D.,
Medical Attendant.

Address, # 243 Three Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32674

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Martell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 7 *Months,* ..... *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, abt 20 yrs

Place of Death, {Give street and number.} 278 Church St

Cause of Death, First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.)

Duration of Last Sickness, abt a year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 14 — 1881

Undertaker, Wm W Madden

Place of Business, 280 Chew St

D W Cathell *M.D.,*

Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52675 *Office of Registrar of Vital Statistics.* Ward 11 c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Meredith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Two *Months,* Fourteen *Days.*

Color, colored

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 188 Tyson st. City

Cause of death, First, (Primary,) Eclero Colitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 13th 1881

Undertaker, Wm J Gray

Place of Business, 65 Mulberry *Address,*

S. D. Small *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 52676

Board of Health, City of Baltimore,

Permit No. 52676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. H Toms

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 12 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 6 Concert alley near Fremont

Cause of Death, First, (Primary.) Inflammation of Stomach & bowels

Secohd, (Immediate,)

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Mary's H Cemetery

Date of Burial, Nov 13th 1881

Undertaker, Wm J Gray

Place of Business, 66 Fredericks Ave

G. H. Toms M. D.
Medical Attendant.

Address, 60 Stricker & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 52677 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Green (Mulatto)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 12 St Vincent alley

Cause of death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Nov 12 " 1881

Undertaker, J. A. Kerchner

Place of Business, S. Carroll Ave

Thos A Shuman M. D.,

~~Medical Attendant.~~ Coroner

Address, Comm of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Exam'd C. Lee & Brown [OVER.]

Board of Health, City of Baltimore,

Permit No. 52-678

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. G. Westberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, Oysterman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Saxpend Germany

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} Western Police Station

Cause of Death, First, (Primary.)

Second, (Immediate.) Intemperance & Exposure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Nov. 10/81

Undertaker, Fredk. A Kerchner

Place of Business, 50 & Carroll Ave. *Address,* Corner

Alexander Tinsley M.D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52679

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams C. Snyder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 7 *Months,* 24 *Days.*

Color, white

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania 64 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 154½ Mulberry St.

Cause of Death, First, (Primary.) Cerebral Softening

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 14 1881

Undertaker, John Slacher

Place of Business, No 418 Fayette

J. G. Keller M.D.,

Medical Attendant.

Address, 89 N. Green St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 32,680

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One (1) *Years,* Eight (8) *Months,* ——— *Days.*

Color, Bright Mulatto

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Tuberculosis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md

Date of Burial, Nov 13 1881

Undertaker, or M. E. Herbert

Place of Business, 57 St Paul St

T. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2398 Transit

Board of Health, City of Baltimore,

Permit No. 32681 *Office of Registrar of Vital Statistics.* Ward 1st 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. NOV. 12 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J. McGrow Hutchinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 25 Patterson Park Ave.

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Unable to rise to dress

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 13th 1881

Undertaker, Wm H Hutchinson

Place of Business, 234 N. Gay St.

G. G. Lusk M. D., Medical Attendant.

Address, 1 Balt. & Park Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52682 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. NOV 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida L. Worten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* one *Months.* 19 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Randall St 3rd House East of Hanover St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Cerebral Congestion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov 13th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St. *Address,* 15 Hanover St

J. C. Burch *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52683

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1881 BALTIMORE.

Date of Death, Nov. 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Emory Mills

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} # 414 E. Townsend St.

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.) Anaemia & Brain

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemy

Date of Burial, Nov. 13th 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St. *Address,* 1305 N. Carrollton Av.

Geo. A. Nathman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52684

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 13 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Moorehead

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md. since birth.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 32 Cameron st

Cause of Death, First, (Primary.) Hemorrhage from the

Second, (Immediate.) Umbilicus

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 14th 1881

Undertaker, A. Seals

Place of Business, Fleet St

E. J. H. Cameron M.D.,

Medical Attendant.

Address, 17 Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52685 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Rusteberg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* 11 *Months,* ..... *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty-seven years.

Place of Death, {Give street and number.} #289 Eastern Av.

Cause of death, First, (Primary,) Cancer accompanied by

Second, (Immediate,) inflammation of the liver.

Duration of Last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 13 1881

Undertaker, John Heneig

Place of Business, 582 Orleans St

John H. Ehlberger M. D.,
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52686

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE, MD. NOV 13 1881 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Williams White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 32 No Arabinsky

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Noon 13 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St

E J Williams, M.D.,
Medical Attendant.

Address, 67 Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52687

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Swift

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

HEALTH DEPARTMENT NOV 13 1881 BALTIMORE, MD.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 169 S. Dallas

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Paths cemetery

Date of Burial, Nov. 13th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 117 S Broadway

R. D. Mansfield *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52688

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rockel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 492 East Aben.

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) ~~10 days~~

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 14th 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

J K Arnold *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 12 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H Macumber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 495 Harford avenue

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Do not Know - saw the child but a few hours previous to its death - Dispensary patient

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 14th

Chas L. Eichelberger M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Address 559 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52690 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. NOV 13 1881 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1881 BALTIMORE, MD.

Date of Death, Nov. 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, B

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, 4 m & .....

Place of Death, {Give street and number.} 11 Clarkson alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shorb St Cemetery

Date of Burial, Nov 13th 81

Undertaker, Geo H Perkins

Place of Business, 130 Hanover St

W. T. Ellis M. D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52691

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Etzel,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 9 *Months,* 14 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.} Married

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 19. N. Wolf St

Cause of Death, First, (Primary.) Hypertrophy of the Heart. ✓

Second, (Immediate.) Cerebral Hemorrhage. Paralysis

Duration of Last Sickness, 4 Months. 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus R.C.

Date of Burial, Nov. 14

Undertaker, N. Dippel

Place of Business, 21 Bond St

Thomas P. Evans, M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52692

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Foulton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~~Baltimore~~ Harford Co. Md.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 33 Lough Street

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, Nov 14th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 65 S Broadway

James T. Shaw M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit No. 2399

Board of Health, City of Baltimore,

Permit No. 52693 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. NOV 13 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 12 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76 S. Exeter St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Croup.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Nov 13 1881

Undertaker, Jas P Byrne

Place of Business, Front St

J. E. Gross. *M. D.,*

Medical Attendant.

Address, 13 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arrington Jno Wm Quagg (Parents

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ~~Years,~~ ~~Months,~~ 8 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 221 Lombard St all its life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 221 W. Lombard St

Cause of Death { First, (Primary,) Premature birth ✓ Second, (Immediate,) Cyanosis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Nov 14 81

Jos: E. Blagett M. D.
Medical Attendant.

Undertaker, S Wenzay

Place of Business, 45 N Eutaw St *Address,* 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53695 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Otilia Gieske

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty two (32) *Years,* —— *Months,* —— *Days.*

Color, Colith

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} No 0 Wraish

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, Nov. 14th 1881

Undertaker, Adam Pinth

Place of Business, 761 N. Gay St

C. W. Seltzer M. D.,
Medical Attendant.

Address, 474 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

Date of Death, November 13th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate C. Macartney

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number} No 288 North Eutaw St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,) Same

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 15th 1881

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

Jas. Lloyd Latimer M. D.
Medical Attendant.

Address, 38 Mount Vernon Place.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52697

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina B Quengler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} # 164 E Baltimore St

Cause of Death, First, (Primary.)

Second, (Immediate.) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 15th 1881

Undertaker, Fry & Bro

Place of Business, 241 E Balto St

J. E. Cooke M.D.,

Medical Attendant.

Address, 241 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32698 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth Hoffman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 343 E Monument

Cause of death, First, (Primary,) Softening of Brain

Second, (Immediate,) Compound fracture of femur from falling down stairs

Duration of Last Sickness, 2 Days)

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Nov. 14th 1881

Undertaker, Wm H Heckman

Place of Business, 234 N. Gay St.

Wm L. Russell M. D.,
Medical Attendant.

Address, 238 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August M. C. Koldewey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* 1. *Months,* 15. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 304. Cross

Cause of Death, {First (Primary,) ; Second (Immediate,)} Dysentary

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 14-1881

Undertaker, Chas F Knaus

Place of Business, Hanover

Sherman Costa M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32700

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Gonkoffokey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 11 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 46 Lancaster st

Cause of Death, First, (Primary.) Enteritis, Diarrhoeal &

Second, (Immediate.) Meningitis (Chronic)

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Church

Date of Burial, November 14

Undertaker, M Funk

Place of Business, Bank St

Thomas J. Evans, M.D., Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52701

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucille Deaver

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eight *Years,* eleven *Months,* thirteen *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 169 N Central Ave

Cause of Death, First, (Primary.) Malignant Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14th 1881

Undertaker, Jno H. Weaver Co

Place of Business, X 22 Hoffman St

Elias C Price M.D.,
Medical Attendant.

Address, 262 Mad Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57702 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th — 1881 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Pacaway —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 — *Years,* — *Months,* — *Days.*

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer —

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, During life —

Place of Death, {Give street and number.} No - 40 Carlton St —

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Phthisis —

Duration of Last Sickness, 10 months —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 14 1881

Undertaker, S Wchase

Place of Business, 198 Howard St

R. H. Goldsmith — M.D.,
Medical Attendant.

Address, Harlem av. and Calhoun st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52703

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 51 *Years,* 7 *Months,* 11 *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Hod-carrier

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Parish St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) "

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 13 1881

Undertaker, S Hobson

Place of Business, 198 Howard

Thomas Opie M.D.,
Medical Attendant.

Address, 39 N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52704 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Sellmeier

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* One *Months,* 29 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 202 Eastern Av.

Cause of death, First, (Primary,) Cancer - Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, Nov. 14th 1881

Undertaker, Jacob Bucher

Place of Business, 22 Eastern Av.

P. L. Williams M. D.,
Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52705

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda A. Abbott

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 54 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 4 E 29 Wyeth st.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Prostration

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 15th 1881

Undertaker, Julius Kochler

Place of Business, Sharpe & Cross sts

D. L. Middleton M.D.,
Medical Attendant.

Address, 66 S. Paca

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 14 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ellen Hammond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Mos 4 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Harford road, near Bunting avenue

Cause of Death, First (Primary,) Uraemic Convulsions

Second (Immediate,) Asphyxia

Duration of Last Sickness, Short time (15 or 20 hours)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tuesday Nov 15th

Chas A. Cleveland M. D.
Medical Attendant.

Undertaker, Mr. Geo Schiller *Address* 557 Harford ave

Place of Business, Harford Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2210

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta. Clark.

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Cor. Abbeys & Williamson. Sts.

Cause of Death, First, (Primary,) Diphtheritic.

Second, (Immediate,) Septic Poison.

Duration of last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Nov 15th 2 PM

Undertaker, Mr Herold

Place of Business, West st Near William

J. O. Harrington M. D.
Medical Attendant.

Address, 339 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

Permit No. 52798 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 11, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Adams

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Coal Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 608 E. Balt. St.

Cause of death, First, (Primary,) Fatty degeneration of Heart

Second, (Immediate,) Paralysis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov. 14" 1881

Undertaker, W. A. Salter

Place of Business, 74 S. Bway

C. Hanville Luck M. D.,
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52709 *Office of Registrar of Vital Statistics.* Ward 1 or —

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Albert Dieumbley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, sixteen (16) *Years,* — *Months,* Ten (10) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Dictator

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth ✓

Place of Death, {Give street and number.} Western Run Monument

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Hemorrhage

Duration of Last Sickness, Thirteen (13) Days

All the above information should be furnished by the Physician.

Place of Burial, Pratt Cem.

Date of Burial, Nov 15 [illegible]

Undertaker, M Franey

Place of Business, 280 Canton ave *Address,* 470 N Gay St

J W Flour M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52710

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert D. McCall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, about 47 yrs

Place of Death, {Give street and number.} # 154 Scott St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mon 15th

Undertaker, J. D. McAshe

Place of Business, 15 S Canden St

L. A. Bell M.D.,

Medical Attendant.

Coroner in Dist

Address, 141 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52711

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Eberles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 2 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baravia Bav 4 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 President St

Cause of Death, First, (Primary.) 2 Malarial Fever

Second, (Immediate.) 3

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, German Catholic Cemetery

Date of Burial, Nov 16th 1881

Undertaker, James P Byrne

Place of Business, 1263 Fleet St

Chas L McCoy M.D., Medical Attendant.

Coroner E. 6

Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52712 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Ostendorf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 249 George St.

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 4 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 15 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Madeira St

H. F. Hill M. D.,
Medical Attendant.

Address, 443 Fawn St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52713 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Whelan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 23 *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Stockholm St.

Cause of death, First, (Primary,) Meningitis

Second, (Immediate,) Two (2) weeks

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 15th 1881

Undertaker, John Gleacher

Place of Business, No 150 Camden

A. L. Shecut M. D.,

Medical Attendant.

Address, 38 Mt Clare

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 2 7 1 4 4 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Silver Plater

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 Addison St

Cause of death, First, (Primary,)

Second, (Imuediate,) Consumption

Duration of Last Sickness, 6 mts

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov - 14 - 1881

Undertaker, Daniel P. Pyne M. D.,

~~Medical Attendant.~~

Place of Business, 63 Fourth St *Address,* Commissioner of Health

Asst Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 52715 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Wright.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1 Mo 7 7 days

Place of Death, {Give street and number.} 237 E Eutaw st

Cause of death, First, (Primary,) —

Second, (Immediate,) Diarrhea

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14

Undertaker, H Ross

Place of Business, 15 Conway St *Address,* Hanover & Balto

R. G. Lee M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52716 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Lane Eudora

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Back alley So Bonaventure Asylum

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pat. Cemetery

Date of Burial, Nov 14

Undertaker, H. Ross

Place of Business, 95 Bonaway St

C. S. Bozé *M. D.,*
Medical Attendant.

Address, 206 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52717

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Irwin

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 190 E. Eager st.

Cause of Death, First, (Primary.)

Second, (Immediate.) Age & Infirmity

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Nov 14th

Undertaker, H C Weidefeld

Place of Business, [illegible]

Jno. Brooke Boyle M.D.,

Medical Attendant.

Address, Eager & Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52718

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E Grothaus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 243 E Baltimore St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Nov 16th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

J E Hooks **M.D.,**

Medical Attendant.

Address, 241 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52719 *Office of Registrar of Vital Statistics.* Ward 13.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Parker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* ~~~ *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number.} *32 Pine St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diptheria

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 15-1881

Undertaker, W. W. Madden

Place of Business, ...

James A Lewis M. D.,

~~Medical Attendant.~~

Address, Commissioner of Health City Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52720

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Belle Wessels

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 22 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 33 Whatcoat St. south of Winchester St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, Nov 14 '81

Undertaker, Andrews & Dean

Place of Business, No 269 W Fay

Wm. H. Murray M.D.,
Medical Attendant.

Address, 808 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52721 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

Date of Death, Nov 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry A Hollandsworth

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 7 *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 52 Hamburg st

Cause of death, First, (Primary,) Typhoid

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 14th 1881

Undertaker, Armstrong & Dem

Place of Business, 263 Light st

J. C. Burch *M. D.,*
Medical Attendant.

Address, 105 W Hamburg st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eleanore Comish

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 42 *Years,* — *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, House-keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dorchester Co. Md

Duration of Residence in the City of Baltimore, About 22 years

Place of Death, { Give street and number } 518 Mackelder St

Cause of Death { First, (Primary,) Some Bilious or Digestive Disorder
Second, (Immediate,) Abscess, Called when dieing, Congestion, Pneumonia

Duration of last Sickness, Complaining about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14 1881

Undertaker, Charles A White

Place of Business, 33 Franklin St

A. J. Ford M. D.
Medical Attendant.

Address, 169 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52723

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Lustic Keane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 191 Hudson St

Cause of Death, First, (Primary.) Croup Membranous

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Nov 14th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

E J Nelson M.D.,

Medical Attendant.

Address, 17 Holmead St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13 November 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Vogelsang

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 9 *Years,* 9 *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 207 Chesnut alley

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Exhaustion to Laryngitis Croupous

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bald Cypress

Date of Burial, ~~Sept 15th~~

Marbury Brewer M. D.
Medical Attendant.

Undertaker, Jerham J. Lohlhepp.

Place of Business, Baltimore Sixth Address, 68 N. Caroline St.
306 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate M. Forbes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 112 S. Washington St.

Cause of Death, First (Primary,) Uterine Ulcer

Second (Immediate,) Uterine Ulcer

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 16th 1881

John C. Harris M. D.
Medical Attendant. Recent

Undertaker, Thos. F. Kagle

Place of Business, 60 E. Balto St.

Address 360 Lexington St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52726

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Duncan M Robb

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Book dealer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltmd

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 164 Maryland Ave

Cause of Death, First, (Primary.) Rupture gall duct

Second, (Immediate.)

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 14th 1881

Undertaker, Thos P Murphy

Place of Business, 60 E Balto

Robt K Rucn (M.D.),
Medical Attendant.

Address, 554 W Saratoga St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32727 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE MD.

Date of Death, Nov. 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie G. Butler,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 2 *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 Cross. st.

Cause of death, First, (Primary,) Diphtheria,

Second, (Immediate,) Septicemia,

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov. 15th 1881

Undertaker, Armstrong & Denny

Place of Business, Montgomery & Light

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, NOV 14 1887 BALTIMORE, MD.

Date of Death, November 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Knock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 4 *Months,* 10 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No Cookery st Locust Point

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) — Septicemia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, March 15 1888

Undertaker, John Hennig.

Place of Business, 382 Orleans St

Thomas S. Evans M.D.,
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52729 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J. Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, a Coon 38 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Ship Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, a Coon 1 year

Place of Death, {Give street and number.} 120 Hughes st

Cause of death, First, (Primary,) Accidental Fall

Second, (Immediate,) Concussion of Brain

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, New Brunswick

Date of Burial, 14th November

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2400 Hanover

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52730 *Office of Registrar of Vital Statistics.* Ward 13 9/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, NOV 14 1881 BALTIMORE, MD.

Date of Death, Nov 14th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pfeifer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cigarmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 331 Mulberry St.

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Diptheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Nov 16th 81.

Undertaker, Wm P. Kummert

Place of Business, 317 Mulberry St.

L. C. Glass M. D.,
Medical Attendant.

Address, 226 Mulberry St.
W. E. & N. R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52731

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT. NOV 14 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 14 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Buchheimer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 11 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 488 - Penna Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Emphysema

Duration of Last Sickness, Been Complaining for 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 16

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

H. J. Mauck *M.D.,*

Medical Attendant.

Address, Carey & Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH DEPARTMENT, NOV 14 1881 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1881 Nov 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Joseph Tully

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Co Catonsville Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 2 Gunman alley

Cause of Death, First (Primary,) Malarial fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 15

Undertaker, J B Cook

Place of Business, 707 W Pratt *Address* Baltimore

Jno D T Gaukin, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52733

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Deit

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ~~Fifty six~~ *Years,* Eight *Months,* three *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {~~Cross out~~ the word not required in this line.}

Occupation, Dairyman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} German

Duration of Residence in the City of Baltimore, Fourty seven years

Place of Death, {Give street and number.} 130 West St.

Cause of Death, First, (Primary) Double Pneumonia

Second, (Immediate.) & Heart Disease

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 15th

Undertaker, B. Harle

Place of Business, N. 82 West St.

Address,

L. Griffith M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 14/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. L. Brunk

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give street and number} 128 Fort ave

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate.) Membrane taken first about 1 wk

Duration of last Sickness, about 1 wk

All the above information should be furnished by the Physician.

Place of Burial, F. German United Cemtry

Date of Burial, Nov 15 1881

Undertaker, Wm Sinclair

Place of Business, 258 Alice Anne

Geo H Smith M. D.
Medical Attendant.

Address, 313 S Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE

Date of Death, Nov. 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 196 Mulberry E

Cause of Death { First, (Primary,) Paralysis
, { Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov. 16' 1881

F. A. Gillis M. D.
Medical Attendant.

Undertaker, J. B Cook

Place of Business, 707 W. Baltimore St *Address,* 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52736 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Grau

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, ~~White~~ Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Bay View Hospital

Cause of death, First, (Primary,) Acute Nephritis

Second, (Immediate,) Albuminuria

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15th 1881

Undertaker, Patrick Mullin

Place of Business, ~~———~~ *Address,* 188 Hanover St

Chas J Cox M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52737 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Rosa Baby

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number. } 85 Harmony Lane

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 15 1881

Undertaker, E. Wolvase

Place of Business, 19 Hanover St

H. F. Hill M. D.,

Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 12th 6. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Linell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Fireman & Trimmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Six Weeks

Place of Death, {Give street and number.} Balto. City Jail

Cause of Death, First (Primary,)

Second (Immediate,) Congestion of bowels

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, G. P. Cemetery

Date of Burial, November 13

Undertaker, Patrick Mullin

Place of Business,

D. P. Hoffman M. D.
Medical Attendant.

Address 979 West [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 32,739 *Office of Registrar of Vital Statistics.* Ward 5 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos A Greene

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 38 Chestnut St

Cause of death, First, (Primary,)

Second, (Immediate,) Eclampsia

Duration of Last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15th 1881

Undertaker, W. H. Burgess

Place of Business, East St

Thos A Glenn M. D.,
~~Medical Attendant.~~

Address, Comm of Health & Registrar,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Thos A Glenn M. D. Fitz Physician

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew William Schlegel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 10 *Years,* Six *Months,* Fifteen *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 185 S. Ann St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) I Suppose asthenia (Died Suddenly)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Nov. 15 1881

Jas. E. Gibbons *M. D.*
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave. *Address* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} "Henry L. Sc[illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

HEALTH DEPARTMENT NOV 1881 BALTIMORE.

Age, [illegible] *Years,* 14 *Months,* 25 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 443 N. Central ave.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 16th

A. G. Watson M. D.
Medical Attendant.

Undertaker, Geo. Schilling *Address* 437 N. Central ave.

Place of Business, Ashland & Lanvan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of [illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 14. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Bell. Crockett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 130. N. Gay St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Hope Cemetery

Date of Burial, Nov 16th 1881

Undertaker, Hy W. Mears

Place of Business, 45 N. Gay St

A. T. Bell M. D.
Medical Attendant.

Address 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52743

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida. Glover

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Only a visitor

Place of Death, {Give street and number.} 44 Hamburg St

Cause of Death, First, (Primary.) Malignant Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Konradegsaal

Date of Burial, Nov 15 81

Undertaker, Amsberg & Denny

Place of Business, No 263 Light

W. B. Noble M.D.,
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board Permit No. 2401

No. 52744

The Special Attention of Physicians is Respectfully Called to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward L. Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 77 *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single,

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 275 William Str.

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,) Hemorrhage.

Duration of last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 16th 81

Undertaker, B. Hariz.

Place of Business, 82 West. Str. *Address,* 359 Light Str.

D. O'Harrington, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 52745 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12 th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* Five *Months,* Six *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 18 North High St.

Cause of Death, First, (Primary.) Catarrh

Second, (Immediate.) Diphtheria

Duration of Last Sickness, About one week

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 14 1881

Undertaker, Jas P Byrne

Place of Business, Front St

Milton A. Taylor M.D.,
Medical Attendant.

Address, Broadway & McElroy St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attenti

Boar[illegible] City of Baltimore,

Permit No. 52746 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kearney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md. ✓

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 114 Burgundy

Cause of death, First, (Primary,) fracture of Spinal Column at Seventh Cervical Vertebra from fall

Second, (Immediate,) paralysis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, Nov 15 1881

Undertaker, James A Byrne

Place of Business, 1163 N Howard St

Thomas Ord & G. M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52747

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Curtis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* (a few minutes) *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} # 150 Preston

Cause of Death, First, (Primary.)

Second, (Immediate.) Atelectasis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15th 1881

Undertaker, John C Jordan

Place of Business, 62 Park

W W Atkinson M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52748 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Janie Lewis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 75 Leadenhall St.

Cause of death, First, (Primary,)

Second, (Immediate,) Acute Inflammatory Rheumatism

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 15th 81

Undertaker, Geo. H. Perkins

Place of Business, 130 Hanover St

R. H. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 72749

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 72749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet L. Anderson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 9 St. Paul St.

Cause of Death First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 15-1881

E. B. Tenby M. D.
Medical Attendant.

Undertaker, Chas A White

Place of Business, 35 Brown & Co *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 52750 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha V Taylor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Wh

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 39 Moores alley

Cause of death, First, (Primary,) Lepto tuna

Second, (Immedinte,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16 1881

Undertaker, Alt & Snader

Place of Business, 116 & 118 Baltimore St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 32751

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 13 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Watkins

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 64 Holmes Alley

Cause of Death, First, (Primary,) Incipient Phthisis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St Mary's

Date of Burial, Nov 15 1881

Undertaker, Abt Hensley

Place of Business, 116 Orchard st

Chas Fawcett *M. D.*
Medical Attendant.

Address, 92 Mosher st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52752

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Sackenberg

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 85 *Years,* 11 *Months,* 2 *Days.*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} widow

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hanover

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 77 N. Liberty St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) ——

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemty

Date of Burial, Nov 16th 1881

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry St

Felix Senkis M.D.,
Medical Attendant.

Address, No 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52753

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dove

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 7 Months

Place of Death, {Give street and number.} No 20 Stenberry Alley

Cause of Death, First, (Primary.) Dropsy

Second, (Immediate.)

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Washington

Date of Burial, Nov 16 1881

Undertaker, ~~Matthew~~ Cudorpan

Place of Business, 227 Mulberry St

W. K. McKnew *M.D.,*

Medical Attendant.

Address, 582 W. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2402 Hanover

The Special Attention of Physicians is respectfully invited to the Remarks below and to List of Forms on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 22754

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT NOV 15 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casper Folkmuth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number.} 145 Canton Av.

Cause of Death, First, (Primary.) Cancer Stomach

Second, (Immediate.)

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, November 16

Undertaker, H Diesel

Place of Business, 1 Bond St

Eo. S Kinnemon **M.D.,**

Medical Attendant.

Address, East Dept

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52755 — *Office of Registrar of Vital Statistics.* Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorey Loose

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 896 W Pratt st

Cause of death, First, (Primary,) ~~Dysentery~~ Disease of Liver

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 16th

Undertaker, John P Paulus

Place of Business, 66 Frederick av

James Bosley *M. D.,*

Medical Attendant.

Address, 319 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52756 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perthenia Webb Richter

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 255 Calhoun St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov. 16 1891.

Undertaker, Walter Emmert

Place of Business, 315 N. Bidelee St, *Address,* Shuster & Townsend

C. H. Warner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32757 *Office of Registrar of Vital Statistics.* Ward 14½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Filomeno Millar

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 119 S. Central Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheritic Croup -

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov. 16/81

Undertaker, J. D. Koons

Place of Business, 97 Orleans St, *Address,* 121 E Balto St

J. Ridgway Andre M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 32758 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Miller

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* 5 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 161 E. Gilmor St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Germ. D. Sb. Park

Date of Burial, Nov 16 Th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross st

J. C. Burch M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 67759

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sifel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 94 Lawrence St

Cause of Death, First, (Primary.) Intemperance & Exposure

Second, (Immediate.) Dysentery

Duration of Last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Cemetery

Date of Burial, Nov 16th 1881

Undertaker, J. C. Schuh

Place of Business, 265 Alice Anne

Chas. L. Mott M.D.,
Medical Attendant.

Address, 63 S. Wm St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32760 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Carr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty-four *Years,* — *Months,* — *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Dressmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 120 Gay S. Doors Below

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage Pulmonary

Duration of Last Sickness, Five & half months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 16th 1881

Undertaker, Thirdone J. Sacks

Place of Business, 73 Jefferson St

Whitfield Winans M. D.,
Medical Attendant.

Address, 162 Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52761

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15th 1881

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hopper Emory Berry Jr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 171 Linden Avenue

Cause of Death { First, (Primary,) Tuberculus Meningitis / Second, (Immediate,) Convulsions —

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, November 16th 1881

Jas. Lloyd Martin M. D.
Medical Attendant.

Undertaker, Stewart Mowen

Place of Business, 35 Park Ave | *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 52762

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Degenhardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, Vender of Medicine

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} N.E. Cor Fremont & Baltimore sts

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 16 1881

E. Meierhof. *M.D.,*
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 427 W. Fayette st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 32763

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32763 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Novbr 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresia Hebrank

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five (6) *Years,* Four (4) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Since birth ✓

Duration of Residence in the City of Baltimore, 2 yrs 4 months Since

Place of Death, {Give street and number.} 29 Aisquith Street

Cause of death, First, (Primary,) Post Scarlatinal Nephritis

Second, (Immediate,) Uremia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St James Cem

Date of Burial, November 16th 1881

Undertaker, Henry Rocek & Son

Place of Business, Shop 12 Central Ave

I. W. Glover M. D.,
Medical Attendant.

Address, 474 E Lay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32764

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Finnister

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brass Worker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give street and number.} 187 Ensor 26.

Cause of Death, First, (Primary.) Dropsy—(General)

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 17th

Undertaker, Geo Schilling

Place of Business, Ashland Square

R W Mansfield M.D.,

Medical Attendant.

Address, 1170 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52765

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Long

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland Since Birth

Duration of Residence in the City of Baltimore, 20 Elizabeth Lane

Place of Death, {Give street and number.} Hypthenia.

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate.)

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, November 16

Augustus N Dodge M.D.,
Medical Attendant.

Undertaker, B. Hull

Place of Business, 82 West St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Reference to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 52766 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Gross.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 21 *Days.*

Color, Wh

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 156 W. Hoffman

Cause of death, First, (Primary,) Inflammation of Bowels

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 17-1881

Undertaker, Wm H Madden

Place of Business, 280 Eben-St-

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Pedale.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52767 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or former, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Winkler (Wineke)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 112 Henrietta St

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem'y

Date of Burial, Nov 16

Undertaker, W Boiler

Place of Business, Henrietta St. 81

Edward C. Ash M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52768 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Simon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58. *Years,* 7 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give street and number.} 119 Pontiac St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 7 mths

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 18 1881

Undertaker, Ran'd Bartel

Place of Business, 62½ N Balt St

Attended M. D., Medical Attendant.

Address, Commissioner of Health ex Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 52769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Duncan McConnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 17 Stockton Alley

Cause of Death, First, (Primary.) Chronic Rheumatism

Second, (Immediate.) " "

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov. 16 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

Thomas O'Dee M.D.,

Medical Attendant.

Address, 39 S. Carey

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52,770 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Loeber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 165 ½ Mount Street

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov 17/1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

Fred'k. Moldenhauer M. D.,
Medical Attendant.

Address, Cor. W. Balto. & Ct.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52771

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfonsa Perkins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* 10 *Days.*

Color, Black

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 10 Booth St. Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 10 Booth St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, Nov. 16th 1881

Undertaker, Chas W. Chase

Place of Business, 195 E. Howard St.

Hector H. Goodman M.D.,
Medical Attendant.

Address, 645 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52772 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant - Geo N & Effie & Ann Effard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 4 Little Paca St

Cause of death, First, (Primary,) Premature Birth 7 months

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Nov 17

Undertaker, Anthony L Dow

Place of Business, No 263 Lombard

J H Lowney *M. D.,*
Medical Attendant.

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52773

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Mary Larkin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 15 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} n. Holliday 112

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsion

Duration of Last Sickness, Nine days

All the above Information should be furnished by the Physician.

Place of Burial, Shaw St. Cemetery

Date of Burial, Nov 16th 1881

Undertaker, Jos. C. Jordan

Place of Business, 63 Pratt

E. A. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Sp...

Board of Health, City of Baltimore.

Permit No. 52774 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 5 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 304 Robert

Cause of death, First, (Primary,) Gastro-enteritis

Second, (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16. 1881

Undertaker, Wm M Dunger

Place of Business, 62 Eutaw St

D. G. Linthicum M. D.,
Medical Attendant.

Address, Cor Fayette & Calhoun sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52775

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. L. Bmier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —*Years,* —*Months,* 21 *Days.*

Color, white.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 157 S. Collington Av.

Cause of Death, First, (Primary.)

Second, (Immediate.) Erysipelas.

Duration of Last Sickness, one Week.

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, Nov 17th 1881.

Undertaker, L. Ritz.

Place of Business, Nro. 129½ S. Broadway. *Address,* 94 S. Broadway.

A. F. Erich *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52776

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Louisa Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 23 South Carline St

Cause of Death, First, (Primary.) Apoplexia

Second, (Immediate.)

Duration of Last Sickness, Stricken at 4 PM and lived 8½ hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Thursday 17th Inst

D M Cathell M.D.,
Medical Attendant.

Undertaker, Theodore L Fooks

Place of Business, 73 Jefferson St

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1881

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Washington

Sex, Male or Female, {cross out the word not required in this line.}

Age, Five (5) *Years,* — *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 147 N. Eden St

Cause of Death { First, (Primary.) Diphtheria
Second, (Immediate.)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16th 1881

Francis A. Jones *M. D.*
Medical Attendant.

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52778 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1931 BALTIMORE

Date of Death, Nov 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Hollowell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 52 76 Amherst St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, Nov 17 31

Undertaker, Armstrong & Dent

Place of Business, No 1637 Lin Ave

I. C. Buck M. D.,
Medical Attendant.

Address, 1517 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32779

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Zimmerman

~~Sex,~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, Brick Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 15 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Union & Lombard Sts Lunch Room

Cause of Death, First, (Primary.) Lung Disease

Second, (Immediate.) Effusion into Pleurisy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Nov 16th

Undertaker, E. B. Cook

Place of Business, [illegible] St *Address,* 44 Franklin St.

Thomas Robertson *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52780 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1831 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Eighth ward

Cause of death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 18 31

Undertaker, M. Franer

Place of Business, 280 Canton Ave

..... *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 52781

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 108½ Druid St.

Cause of Death, First, (Primary.) Imprudence in Eating

Second, (Immediate.) Congestion of Stomach & Liver

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Balto Co.

Date of Burial, Nov 17th

Undertaker, H. C. Weidefeld

Place of Business, 9c Guilford Ave

Wm. Bruce Boyle M.D.,
Medical Attendant.

Address, Eager Halsey Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52782 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Ridgely

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Lawyer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 267 Lanvale St

Cause of Death, First, (Primary.) Softening of Brain

Second, (Immediate.) Paralysis

Duration of Last Sickness, (Invalid many years) 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 19th 1881

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

Riggin Buckler M.D.,
Medical Attendant.

Address, 135 N Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mois Söller

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 12 *Years,* 7 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 175 Aisquith St

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 18th of November

H. H. Rennolds M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 W Gay St *Address,* 181 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THOS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52784 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Joseph Spies

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 8 weeks *Months,* — *Days.*

Color, wht

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 281 N. Fremont

Cause of death, First, (Primary,) marasmus

Second, (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 17 1881

Undertaker, Mrs P. Kummert

Place of Business, 317 Mulberry *Address,* 129 Wiedale

G Lane Tanyhill M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52785

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Young Upperman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Georgetown D.C.

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number.} 397 W. Fayette St

Cause of Death, First, (Primary.) Stephritis

Second, (Immediate.) Uraemia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill D.C.

Date of Burial, Nov 18 1881

Undertaker, 480 7th Birch

Place of Business, Washington D.C. *Address,*

Thomas Opie M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2406 Fraser

Board of Health, City of Baltimore,

Permit No. 32786 *Office of Registrar of Vital Statistics.* Ward 8 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT Nov 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16 Feb, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. Tilbert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 1 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dead Ind.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 131 S. Aysester. St.

Cause of death, First, (Primary,) Bronchio – Laryngitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 17th 1881

Undertaker, Chas S. Scriven

Place of Business, 271 Eutaw St

J. L. Winans M. D.,
Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32787 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carlisa Montag

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md'a

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 4 Watson Court

Cause of death, First, (Primary) Diphtheritic Croup—

Second, (Immediate)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 18 1881

Undertaker, Hamill Dir

Place of Business, 151 E Bond

J. Ridgway Andre M. D., Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32788 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Buttingham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 8 Health Dr

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Locust Hill

Date of Burial, Th 17

Undertaker, B. Harley

Place of Business, 1088 West 2d

Theodore Lord M. D., Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52789 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Bruchon

~~*Sex, Male or Female.*~~ {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bates

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} Lanvale ~~No~~ 32

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 18 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Chas A Donovan *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32790 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wenceslaus Piet

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany (15 yrs in America)

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } U. S. Hospital

Cause of death, First, (Primary.) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, Nov 17th 1881

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St *Address,* 188 W. Calvert St.

Oscar J. Culbert, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tulley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 337 Saratoga St

Cause of Death, First, (Primary.) Mutual Insufficiency

Second, (Immediate,) Paralysis

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 17th 1881

Undertaker, H Lewis Schaefer

Place of Business, 109 N Fremont

E. H. Littell, M. D.
Medical Attendant.

Address, 425 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. D. ENRIGHT & CO., CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 52792 *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenz Stoll

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1d Days.

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number.} 246 Battery av.

Cause of death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, November 17th

Undertaker, B. Keely

Place of Business, N. E. Cor Eutaw & Lexington

Louis C. Hoen M. D.,
Medical Attendant.

Address, cor Mulberry & Fayette av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 522793

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baldwin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Nr 449 Eutaw Place

Duration of Residence in the City of Baltimore, 3 Days

Place of Death, {Give street and number.} Nr 449 Eutaw Place

Cause of Death, First, (Primary.)

Second, (Immediate.) Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 17th Nov

The Father ~~*Undertaker,*~~ J. P. Baldwin

Place of Business, 81 German St

Pembroke M. Wimbs ..... *M.D.,*

Medical Attendant.

Address, Nr 205 W. Lanvale St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52794

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Nov 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Hayman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 15 Months, —— Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 46 Davis St

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

Duration of Last Sickness, Eight hours —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 17 1881

Undertaker, H. A. Hayman

Place of Business, 13 Saratoga St

D. G. Miller M.D.,
Medical Attendant.

Address, 51 N Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15 1881.

Full Nams of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Christian Sitterding

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* Fifteen *Months,* Ten *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 4 Chapel Street

Cause of Death { First, (Primary,) Enteric Enteritis / Second, (Immediate,) Exanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 17th, 1881.

Thos. J. Simms M. D.
Medical Attendant.

Undertaker, Wm. H. Hagerman

Place of Business, 234 E. Gay St. *Address,* 240 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32796 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Honor Donnelly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 13 years

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 420 S. Charles st

Cause of death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Nov 18th 1881

Undertaker, Chas F. Krauss

Place of Business, Hanover St

Thos A Glenn M. D.,
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Exam'd by T. C. Burdsall

Board of Health, City of Baltimore.

Permit No. 52797

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Mentzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 23 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Clayton st

Cause of Death, First, (Primary.) Croup

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, November 17th 1881

H. L. Hurst M.D.,
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* Light & Fayette

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52798 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonette M C Bittmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and number.} 202 Hanover St

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Nov 16th 1881

Undertaker, C. F. Krause

Place of Business, Hanover St

J. H. Cussey *M. D.,* Medical Attendant.

Address, 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 52799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} St. Joseph's Hospital

Cause of Death, First, (Primary.) Dysentery Chronic - followed by Gastro-Enteritis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Some months exact period unknown

All the above information should be furnished by the Physician.

Place of Burial, C. H. Cemetery

Date of Burial, Nov 17

Undertaker, Patrick Mullin

Place of Business,

F. Barton Bruce M.D.,
Medical Attendant.

Address, 365 N. Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 12806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Binder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 484 Harford ave.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 18th

H. G. Watson M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address* 437 N. Central ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

No. 2...

Board of Health, City of Baltimore,

Permit No. 52801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate without delay after death, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [redacted] Nov 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tobias Williams

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 10 *Months,* ____ *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~____~~ V

Place of Death, {Give street and number} Dawson ac 67

Cause of Death, First, (Primary,) Lues Venera Congenitales

Second, (Immediate,) Anemia Atrophy

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Shaarh Zion Cemetery

Date of Burial, Nov 17

Undertaker, H. Rose

Place of Business, 95 Conway St

H Adkins M. D.
Medical Attendant.

Address, Balto. Infirmary Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

Board of Health, City of Baltimore,

Permit No. 52802

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16. 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R. Wright

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1. Rose Walk alley

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 1. week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. Geo. Lee Morse Corse

Date of Burial, Nov. 18th 1884. 146 Hanover M. D.,

Undertaker, Julius Koehler Medical Attendant.

Place of Business, Cross & Sharp St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52803 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 16, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie S. Kepler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 2 *Days.*

~~Color~~,

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 627 N. Gay St.

Cause of death, First, (Primary,)

Second, (Immediate,) Laryngitis Membranous

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, 18th Nov 1881

Undertaker, John W Jackson

Place of Business, 528 N. Gay St

H. C. White, M. D.,
Medical Attendant.

Address, 314 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52804 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Brooks

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~ *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 84 Harmony Lane

Cause of death, First, (Primary,) Exposure to Cold

Second, (Immediate,) Obstructive Jaundice

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 18 1881

Undertaker, S W Chase

Place of Business, 19 E Lanvale St

Chas. E. Wingo M. D.,
Medical Attendant.

Address, 224 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

No. 2

Board of Health, City of Baltimore,

Permit No. 52805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Hopkins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* — 4 — *Months,* — 17 — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} "Eastern Shore" Md —

Duration of Residence in the City of Baltimore, 16 yrs —

Place of Death, {Give street and number} 41 Carlton

Cause of Death { First, (Primary,) Consumption of Lungs

Second, (Immediate,) Hemorrhage.

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21 1887

Undertaker, S McClure

Place of Business, 198 Howard St

Jno J. King M. D.
Medical Attendant.

Address, 215 Carrollton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Clayton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 47 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 86 Dover St

Cause of Death, First (Primary,) Carcinoma Uteri

Second (Immediate,) Peritonitis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Nov 18 1891

Undertaker, S W Chase

Place of Business, 198 Howard St *Address* 24 Columbia Ave

J Edward Kirby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 52807 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 17 1881, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, col

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 60 S. Mary St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, ~~8~~ 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 18/1881

Undertaker, John Jordan

Place of Business, Bark and

Thos A Emack M. D.,

[illegible] Assistant.

Address, Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17/81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Lippy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City, Md Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 45 S Lexington St

Cause of Death, First, (Primary,)

Second, (Immediate,) Burn from coal-oil -

Duration of last Sickness, Eleven (11) hours

All the above information should be furnished by the Physician.

Place of Burial, Butchers Cemetery

Date of Burial, Nov 19 1881

Undertaker, J H Cook

Place of Business, 107 W Pratt St

Louis N. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Board of Health, City of Baltimore,

Permit No. 52,809 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Robinson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 81 Dover St.

Cause of death, First, (Primary,)

Second, (Immediate,) Acute Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 18

Undertaker, Hercules Ross

Place of Business, 95 Conway St. *Address,* 262 Sharp St.

R. M. Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32810 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Streeff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 298 S Charles St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 19

Undertaker, B. Hurley

Place of Business, 62 West St

Edward Ortte M. D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52811

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lemmow J Catrup

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 85 Camden St

Cause of death, First, (Primary,) unknown (Uraemia?)

Second, (Immediate,) Cerebral Congestion

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Nov. 18th 1881

Undertaker, M a. Daiger

Place of Business, 74 S. Broadway *Address,*

D Lellew M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52812 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Noack

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Canal St. above Oliver

Cause of death, First, (Primary,) Diphtheritis - & Membranitis

Second, (Immediate,) Septicemia = Uremia =

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, H. A. Thomas & Co

Date of Burial, Nov. 19th 1881

Undertaker, Henry Hoeck & Co

Place of Business, 306 N. Eutaw St

S. Worthington M. D.,
Medical Attendant.

Address, 474 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52813

Office of Registrar of Vital Statistics.

Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Schall

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 299 N. Paul Ave.

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Nov 18 1881

Undertaker, Henry Hoeck & Son

Place of Business, 369 N. Central Ave *Address,* Balt. & Pratt Sts. G. G. Lusk. *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52814

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Schneider

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Months, 16 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 142½ Fremont, St.

Cause of death, First, (Primary,)

Second, (Immediate,) Tetanus Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, November 19. 81

Undertaker, Philipp L. Dill

Place of Business 183 Columbia Ave

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152 Shirley St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5285 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hibshed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Jefferson Pl 247

Cause of death, First, (Primary,) .....

Second, (Immediate,) Tetanus Nascentium

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, November 19 1881

Undertaker, John Kennedy

Place of Business. 382 Orleans St *Address,* 319 N. Broadway

W. W. White M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52876

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th November 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deseania Galloway

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeping

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number.} 134. York St.

Cause of Death, First, (Primary.) Dysentery from miasma

Second, (Immediate.) Typhoid Et. Asthenic

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 19

Undertaker, Hercules Ross

Place of Business, Monday St

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52817

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Araniella Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~Lady~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 413 W. Fayette St

Cause of Death, First, (Primary.)

Second, (Immediate.) Old Age

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 17th 1881

Undertaker, John S. Wacker

Place of Business, 150 Camden St

Reuben Ross Randall M.D.,

Medical Attendant.

Address, No 265 N. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52818

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17 — 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 7 Harrison St.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Eclampsia

Duration of Last Sickness, one or two days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 19th 1881

Undertaker, John L Thacher

Place of Business, No 150 Camden

Frank Moyer *M.D.,*
Medical Attendant.

Address, 7 S High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52819

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th November 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Johnson Brunner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 11 North Carey St.

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Exhaustion

Duration of last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 19th 1889 Chas Jones *M. D.*

Medical Attendant.

Undertaker, D Cunn Mulholland

Place of Business, 550 W Pratt St *Address,* 550 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1889. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52820

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Purcell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Rag Picker

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 132 Eden al

Cause of Death, First, (Primary.) Burial - Burden of Chloroform

Second, (Immediate.)

Duration of Last Sickness, found dead in bed

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Nov 17/81

Undertaker, Fredk A Krehmer

Place of Business, 50 & Carrollton Ave *Address,* Corner

Alexander Tinsley M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5282

Board of Health, City of Baltimore,

Permit No. 5282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1881 5 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Adams

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 69 Parkin St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Nov. 18th 1881

Undertaker, J. J. Nanuth

Place of Business, Cor. Scott & Pratt

C. C. Richardson M. D.
Medical Attendant.

Address, Lombard & Thames

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...AMY & CO. CITY PRINTERS AND STATIONERS.

[ov...

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. A2824 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Burke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. E. Cor Granby & Albemarle

Cause of Death, First, (Primary.)

Second, (Immediate.) Trismus Neonatorum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary Cemetery Govans near

Date of Burial, Nov 19 1881

Undertaker, James P Byrne

Place of Business, No 63 & 65 Front St

Frank G. Moyer M.D.,
Medical Attendant.

Address, 75 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 32823 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ella Clayton.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, "Sales Lady"

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} 79 Hooker St

Cause of death, First, (Primary,) Acute Congestion Lungs

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 19th 1881

Undertaker, Fr Scanlon & Co

Place of Business, 320 Penna Ave

H. Richardson M. D.,
Medical Attendant.

Address, 130 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE, MD.

Date of Death, November 18. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard G. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 112 Baltimore

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria.

Duration of Last Sickness, 6. days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Novemb. 20

Herdon Carter M. D.
Medical Attendant.

Undertaker, B. Marle

Place of Business, 82 West St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32825

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 - 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Albertus

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1 Baker st

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem

Date of Burial, Nov 19/81

Undertaker, Geo. Saffran

Place of Business, 121 Penna Ave

J. H. Jones M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52826 *Office of Registrar of Vital Statistics.* Ward 18 Y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Gallagher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 2 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 298 Cross St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Westminster Cem

Date of Burial, Nov 19th 1881

Undertaker, Julius Koehler.

Place of Business, Sharp & Cross. *Address,* 146 Hanover

Theodore Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Armstrong

Sex, Male or Female, {Cross out the words not required in this line.}

Age, — *Years,* Two *Months,* *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ~~210~~ 104 Tyson St

Cause of Death, First (Primary,) Gastro Enteritis

Second (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Nov 19 1881

W F Rose *M.D.*
Medical Attendant.

Undertaker, John C. Jordan

Place of Business, Park Ave

Address, 205 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52828

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTRAR'S OFFICE NOV 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus D Ensey Catherine D Ensey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 10 Ohio Avenue

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 18th 81

..... *M.D.,*
Medical Attendant.

Undertaker, Geo H Perkins & Co

Place of Business, 80 Marietta *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52829 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Canal Rebecca Hughes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9. Clemens St. E Balto

Cause of death, First, (Primary,) Diptheritic Croup

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, November 20

Undertaker, B. Hoble

Place of Business, 82 West St *Address,* 260 E Balto

E. W. Dannef. *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52830

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 19 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, November 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 18 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 5 mo. 24 days

Place of Death, {Give street and number.} 92 Fort Avenue

Cause of Death, First, (Primary.) Accidentally Scald-

Second, (Immediate.) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, November 19

Undertaker, B. Klaus

Place of Business, 82 West St.

L. A. Bevan M.D.,

~~Medical Attendant.~~ Coroner's Asst.

Address, 161 So. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David H. G. Norfolk

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 18 Kyser Street

Cause of Death First, (Primary,) Pseudo Membranous Laryngitis

Second, (Immediate,) Two Days

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 20 1881

Undertaker, John O'Meara

Place of Business, 882 Orleans St

Edward Martin M. D.
Medical Attendant.

Address, Central Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 52832 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel M. Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 9 *Months.* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 23 Hanbury St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 20 th

Undertaker, Armstrong & Denny

Place of Business,

I. C. Burch *M. D.,* Medical Attendant.

Address, 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52833 *Office of Registrar of Vital Statistics.* Ward 3 9 7.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 18th. November 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Steinlein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months.* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Steinmann, Bavaria, Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} S. Ann Street 120

Cause of death, First, (Primary,) Hydrothorax - and Hydropericardium.

Second, (Immediate,) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, November 20 1881

Undertaker, Henry Synder

Place of Business 262 Canton Ave. *Address,* S. Wolfe & 17.

William Henkel M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52834 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Gertrude Dolan

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 107 Albemarle

Cause of death, First, (Primary,) Acute Tuberculer Miningitis

Second, (Immediate,) Convulsions — 2d Caustin

Duration of Last Sickness, 1st 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 19th 1881

Undertaker, James O Payne

Place of Business, No 63 N Gay St

Geo. B. Reynolds M. D.,
Medical Attendant.

Address, N. E. Cor Calvert & Centre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 32835 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Farrel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 E Lombard

Cause of death, First, (Primary,) Chronic Bright's disease

Second, (Immediate,) Dropsy, Exhaustion

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 20 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Geo R Lazenby M. D.,
Medical ~~Attendant~~.

Address N. E. Cor Calvert & Thomas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52836 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Buehler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 73 South Greene St

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Nov. 20th 1881

Undertaker, B. Cook

Place of Business, 707 W. Balto. St

A. C. Fox, M. D.,
Medical Attendant.

Address, 467 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52837 *Office of Registrar of Vital Statistics.* Ward 17 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14 81

Full. Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Johnston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 85 Fort ave

Cause of death, First, (Primary,) Debilitas - Malignant

Second, (Immediate,) Sprue

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov. 20 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Wm Ellis M. D.,
Medical Attendant.

Address, 313 E. O. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 32838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Muller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Gardener

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kurchen Russia Germany

Duration of Residence in the City of Baltimore, 35 years about

Place of Death, {Give street and number.} No 1. Boris Court

Cause of Death, First (Primary,) Old age and dropsy

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Saturday Nov 19th 1881

Undertaker, Conrad Kunkel

Place of Business, 60 Park ave

Dr Carey Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 52839

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 19 1881 BALTIMORE

Date of Death, Nov 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* ~~ *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 yrs 7 mos

Place of Death, {Give street and number.} No 2 Decker St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov. 19 — 1881

Undertaker, Wm. Jas Gray.

Place of Business, 65 Mulberry st.

Dan'l Sweeney M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52840

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Paulus

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} Cor. Edward & h. Central Ave

Cause of Death, First, (Primary.) Carcinoma Hepatis

Second, (Immediate.) Marasmus

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20th Nov.

Undertaker, Joseph L. Paulus

Place of Business, No. 66 Frederick Road

J. Smith M.D.,
Medical Attendant.

Address, 275 S. Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52841 *Office of Registrar of Vital Statistics.* Ward 17a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 1021 Eutaw

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Nov 19th 81

Undertaker, M. Franc

Place of Business, 280 Eastern Ave

D. Priddy, M. D.,
Medical Attendant.

Address, 1111 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52842

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 19 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov. 17 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Hill Heiner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ~~Years,~~ ~~Months,~~ 1 Days.

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltm. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 8 N. Castle st.

Cause of Death, First, (Primary.) 7 months foetus

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Nov. 19th 81

Undertaker, M. Franc

Place of Business, 280 Canton Ave

J. G. Davis, M.D.,
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 32843

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV. 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Tracy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} City Hospital -

Cause of Death, First, (Primary.) Bright's Disease -

Second, (Immediate.) Oedema of Lungs -

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Nov 19 "1881

Undertaker, Patrick Mullin

Place of Business, 6. S. Patterson Pk

H. J. Lasiar *M.D.,*

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 528464 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17/881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hassett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 88 Warner St

Cause of death, First, (Primary,) Apoplexy.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20/881

Undertaker, S McChase

Place of Business 198 Howard St

W. S. Bond *M. D.,*
Medical Attendant.

Address, 206 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 52845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Barrett

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~No 15 Penn Ally~~ all life

Place of Death, {Give street and number} No 15 Penn ally

Cause of Death First, (Primary,) ....

Second, (Immediate,) Paralysis (Hemiplegia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 20 - 1881

Undertaker, F Lauer

Place of Business, Dallmeyer Co

J E Smith M. D.
Medical Attendant.

Address, 247 Druid Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 12846

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 19 1881 BALTIMORE

Date of Death, November 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen H Bartlett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 2 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland ✓

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} # 243 N Gay St

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.) Asphyxia Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov 20th 1881

Undertaker, Wm Hackman

Place of Business, 234 N Gay St. *Address,* # 134 N Eutaw St

Sam J Belt M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32847 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Doris Troedel

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Hamburg St 180

Cause of death, First, (Primary,) Chronic croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 20th

Undertaker, Henry Briele

Place of Business, Hennetta St 81

L. F. Reinhard M. D.,
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 32848

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard L Williamson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 65 S Gilmor St

Cause of Death { First, (Primary,) Malarial Fever

, { Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 20 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

James Bordley M. D.
Medical Attendant.

Address, 311 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52849

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kennedy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 2 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years ✓

Place of Death, {Give street and number.} Buck Hill — Franklin St Near Fulton

Cause of Death, First, (Primary.)

Second, (Immediate) Bright's Disease

Duration of Last Sickness, about 4 1/2 Mo

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov. 20 1881

Undertaker, J. B Cook

Place of Business, 707 W. Balto St.

Wm. J. Johnson M.D.,

Medical Attendant.

Address, 41 N Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 19 1881 BALTIMORE

Permit No. 32857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Blanche Hazeltine

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellicott City

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} 506 N. Gilmor St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Syncope

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, V C R R

Date of Burial, Nov 20

Undertaker, [illegible]

Place of Business, [illegible]

Geo. R. Pennington M. D.
Medical Attendant.

Address, 134 N. Carroll Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2410 Transit

Board of Health, City of Baltimore,

Permit No. 52851

Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Muth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 N. Chester

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 9 days. Attended for the last 4 days by Dr Hayes 1 Cou E. Monument St.

All the above information should be furnished by the Physician.

Place of Burial, St Arsenius Cemetery

Date of Burial, Novem 20 1881

Undertaker, John Kennedy

Place of Business, 918 Orleans St *Address,* 369 E. Baltimore St.

J. McCollenberg M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52852 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret M. Terry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 402 Hollins

Cause of death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, Not Known by me But Many Months,

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Nov 21st

Undertaker, W. J. Pickett

Place of Business, 608 Eutaw

J. H. Powers, M. D., Medical Attendant.

Address, 76 Lloyd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 372853

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Sutter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, five *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 105 Wilcox Alley

Cause of Death First, (Primary.) Whooping Cough

Second, (Immediate.) Pneumonia

Duration of last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20

Undertaker, A Ross

Place of Business, 95 Conway

Wm Gorsuch M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52,854

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Rothelu

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 457 Lexington St

Cause of Death, First, (Primary.) Burn

Second, (Immediate.) "

Duration of Last Sickness, Four days. ✓

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21st 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* .....

Thomas O'Sullivan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32855 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kuhn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 241 Bernard St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, November 21st

Undertaker, B. Hanke,

Place of Business, No 52 West Street.

I. C. Bunch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32856 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Clarage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 52 yrs

Place of Death, {Give street and number.} Union's Wharf

Cause of death, First, (Primary,) Pleurisy (double)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedarhill Cemetery

Date of Burial, Nov 21 81

Undertaker, Thos Henry Divver

Place of Business, 1263 Light st

R. H. P. Ellis M. D.,
Medical Attendant.

Address, 318 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 18, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 99 Goodman alley

Cause of Death, {First (Primary,) Second (Immediate,)} Diptheria 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 20 81

Undertaker, Mart Dun

Place of Business, 209 Fell

Sheldon Coates M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, ~~as far as the same can be ascertained~~, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52858 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Bogtman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 9 Shakespeare St.

Cause of death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions ✓

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Centre

Date of Burial, Novbr. 21th 1881

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

G. Glanville Lusk M. D.,
Medical Attendant.

Address, Balt. & Wash. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE.

Permit No. 52859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet J Gellman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Conn

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 604 W Fayette St

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) —

Duration of last Sickness, Abt 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Jersey

Date of Burial, Nov 20" 1881

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St

A W Kneass M. D.
F.R.C.S.
Medical Attendant.

Address, 1430 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2411 Treas

Board of Health, City of Baltimore,

Permit No. 32860 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caroline Shore

Duration of Residence in the City of Baltimore, Since August last

Place of Death, {Give street and number.} 223 Milliken

Cause of death, First, (Primary,) Cancer of Mesentery Glands

Second, (Immediate,)

Duration of Last Sickness, About 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Comely

Date of Burial, Nov 20th 1881

Undertaker, Thos J Locke

Place of Business #73 Jefferson st

James E Donaldson M. D., Medical Attendant.

Address, 199 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52861 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, [redacted] 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} [redacted] Sallie Fale

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 5 9 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, her birth

Place of Death, {Give street and number.} 5 Argyle ave

Cause of death, First, (Primary,)

Second, (Immediate,) Tuberculosis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 24th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* [redacted] 186 Argyle

[redacted] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52862.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Tho Physician who attended any person in a last illness is responsible for the presentation of this Certificato, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after tho death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 26 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London, England

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 303 St. Paul St.

Cause of Death, First (Primary,) Tabes mesenterica, with general tuber-culosis.

Second (Immediate,) Asthenia

Duration of Last Sickness, 3½ months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 21st Nov. 1881

S. E. Chew M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son *Address* 141 Lanvale St

Place of Business, 75 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be tho duty of tho Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending tho burial, a Certificate setting forth, as far as the same can be ascertained, tho full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 52863 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Farrell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widow~~

Occupation, ~~None~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 253 N. Dallas Street

Cause of death, First, (Primary) Diphtheritis

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21st

Undertaker, Leo Schilling

Place of Business, Holland Square

J. Tolson M. D.,

Medical Attendant.

Address, 47 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52864 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Moore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 5 Minutes ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 107 Eastern Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 21st 1881

Undertaker, Jas P. Byrne

Place of Business, 7 Fremont St

James A Steuart M.D., ~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo E Taylor Coroner

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52865 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B. Saffron

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 6 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 216 W. Lombard St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Nov 21 1881

Undertaker, Geo Saffron

Place of Business, 121 Lemmon St

H. L. Lynch M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 32866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 1891 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 81,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Scott

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* 14 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 41 Angelly Ave.

Cause of Death, First, (Primary.) Enteritis.

Second, (Immediate.) Hydrocephaloid.

Duration of last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Carrol Co.

Date of Burial, Nov 22, 1881

H. K. Fetterhoff M. D.
Medical Attendant.

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave *Address,* 202 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUARDY & CO. CITY PRINTERS AND STATIONERS

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

Permit No. 52867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Dorn

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 42 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 yrs

Place of Death, {Give street and number} 2 Constitution

Cause of Death, First, (Primary,) Neuralgia Mitris

Second, (Immediate,) asthenia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Nov 22 Thu 1881

Undertaker, Rau & Bartels

Place of Business, 62½ W Balt St

W. Smith M. D.
Medical Attendant.

Address, 143 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. BULLETY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 52868 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Butler,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 Cross St.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov 21st 1881

Undertaker, Armstrong & Denny

Place of Business, Montgomery & Light

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 52869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Charles S Beaver

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Four *Years,* two *Months,* nineteen *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 169 N Central Ave

Cause of Death, { First, (Primary.) Diphtheria
Second, (Immediate.) " }

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Monday Nov 21st

Undertaker, John H. Wagner Co

Place of Business, 720 N. Fayette St *Address,* 762 Madison Ave

Elias C Price M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th 30m P. M. 19th November, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tabitha Whittaker Matthews

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Seventy-Six *Years,* Seven *Months,* Three *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County, Maryland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 243 Pennsylvania Avenue, Baltimore

Cause of Death, First, (Primary,) Gradual Decay - Old age

Second, (Immediate,) " " "

Duration of last Sickness, about 1 30 4 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 21 1881

Undertaker, C. A. Blizzard

Place of Business, 201 Penn Ave

Wm. J. Smith M. D.
Medical Attendant.

Address, 236 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Lehmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S. Broadway

Cause of Death, First (Primary,) ....

Second (Immediate,) Membranous Croup

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Novemb. 21

Undertaker, B. Hush

Place of Business, 42 West St.

Howard Bates M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52872 *Office of Registrar of Vital Statistics.* Ward 2 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *hereinafter filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 20, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clemens A Dralmann

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. } Male

Age, Twelve *Years,* Eleven *Months,* Fourteen *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. } —

~~Occupation~~, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } No. 81 Eastern Avenue

Cause of death, { First, (Primary,) Epilepsy
Second, (Immediate,) } One week

Duration of Last Sickness, √

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, November 22 1881

Undertaker, Leonhard Kurz

Place of Business, 222 S. Bond St.

Wm H Clendenin, M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

Permit No. 32873 *Office of Registrar of Vital Statistics.* Ward 4 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard F. Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Eutaw & Town

Cause of death, First, (Primary,)

Second, (Immediate,) Croup.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem — M. M. Taylor Undt.

Date of Burial, Nov 21 1881

Undertaker, Jas P Byrne

Place of Business, Front St *Address,* 137 Orleans

E. A. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 32874

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie L Grier

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twenty Six *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Allegheny Co. Md

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number} 13 Marshall ave

Cause of Death {First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Nov 22 1881

B. T Willis M. D.
Medical Attendant.

Undertaker, Armstrong & Deny

Place of Business, 260 Light St Address, 327 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

14

No. 32873

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Treaige

Sex, Male or Female, { cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Fireman (B & O. R. R)

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Schulkill Co. Penna.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } University Hospital

Cause of Death, First, (Primary,) Fracture of Base of Skull.

Second, (Immediate,) Paralysis of respiratory muscles

Duration of last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 21

Undertaker, J B Coad

Place of Business, 807 W Pratt Butler

C. A. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 52876 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART... NOV 21 2 1881 BALTIMOR...

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada May Copenhaver

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Two *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} East Monument St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Croup Pseudomembranous

Duration of Last Sickness, About five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 22nd

Undertaker, Geo. Schilling

Place of Business,

Milton A. Taylor M.D.,
Medical Attendant.

Address, Broadway & E. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20 at 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Clifford Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 8 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N 191 N Wolf St

Cause of Death, First (Primary,) Organic Disease of the Heart

Second (Immediate,) Aortic & Mitral Regurgitation (Post Mortem)

Duration of Last Sickness, about 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 22nd

Undertaker, Leo Schilling

Place of Business,

J. E. Whiteford M. D.
Medical Attendant.

Address 195 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52878 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} .....

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

..... *M. D.,*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52879

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 23 N Caroline St

Cause of Death, First, (Primary.) Convulsions, &c. from Teething

Second, (Immediate.)

Duration of Last Sickness, A few hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21 1881

Undertaker, Theodor J Locks

Place of Business, 73 Jefferson St *Address,* 2 N Broadway

D M Cathell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52880

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luke Lynch

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Hatter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 2 Willow St

Cause of Death { First, (Primary,) Second, (Immediate,) } Apoplexy 12 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, November 22nd

Undertaker, W. Diffel

Place of Business, 51 Bond St.

Silas H. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52881 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the ... accurately filled *out*, to the Undertaker o... if requested so to do, u... l, or sooner.

52881

Certificate of Death.

HEALTH DEPARTMENT NOV. 21 1881 BALTIMORE.

Date of Death, Nov - 20. 81

Full Name of De... ~~not named~~ Charles Bohart

Sex, Male ~~or Fem~~ male

Age, 3 days

Color, white

Married, Single,

Occupation,

Birthplace, { State or co... long in th... if of forei... } Balto, md.

Duration of Resid... Life.

Place of Death, { F... S... } 752 Lying[illegible]

Cause of death, Primary, Cyanosis. Immediate congestion of lungs

Duration of Last S... 3 days.

All the above informat...

Place of Burial, ...

Date of Burial, ...

Undertaker, Jos...

Place of Busine...

Jno. J. Kirby, M. D.,
215 Carrollton ave.

See following certificate

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 52881

52881

The Physician who ... out, to the Undertaker or ... if requested so to do, ...

'94

...rately filled ...l, or sooner.

...ARTMENT ...ORE.

...BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bobart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 752 Lexington St

Cause of death, First, (Primary,) Cyanosis

Second, (Immediate,) Congest of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 22 "1881

Undertaker, John E. Houghton

Place of Business, Penn Ave *Address,* Depot

James A. Steuart M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52884 *Office of Registrar of Vital Statistics.* Ward 5 1/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Hurst

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 65 *Years,* — ~~*Months,*~~ — ~~*Days.*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent County M.D.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 60 Gay and Aisquith Sts.

Cause of death, First, (Primary,) Bronchitis Chronica

Second, (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 30

Undertaker, Geo Schilling

Place of Business, Oakland Square

A. Aronsohn M. D.,
Medical Attendant.

Address, 145 Aisquith Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Bruning

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 Weeks *Months,* 1 Day *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} #387 Scott St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, ~~F. A. Towle~~ London Park Am.

Date of Burial, Nov 21st 81

Undertaker, F. A. Towle

Place of Business, 131 Hanover

J. Tyler Smith *M. D.*
Medical Attendant.

Address, 921 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore.

Permit No. 52884 *Office of Registrar of Vital Statistics.* Ward 6 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19 " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Meyers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 Holland St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21 '1881 Jas A Lewis M. D.,

Undertaker, Chas. A. White Medical Attendant.

Place of Business, 35 Granby St *Address,* Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ~~forty-eight~~ hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of [illegible] and deaths of illegitimate children. Exam'd. Jo. P. Smith [OVER.]

Board of Health, City of Baltimore,

Permit No. 52885

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Nov 20th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Morris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 1 *Months,* — *Days.*

Color, White —

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Orange Co. New York

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 70 Holliday St

Cause of Death, First, (Primary.) Phthisis Pulmonalis -

Second, (Immediate.) Exhaustion -

Duration of Last Sickness, Fifteen months -

All the above information should be furnished by the Physician.

Place of Burial, Bonna Bra Cemetery

Date of Burial, Nov 22 1881

Undertaker, James P Byrne

Place of Business, 1063 N Front St *Address,* 51 & Calvert St -

D. Winkler *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 52886 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wunder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} St Josephs Hospital C

Cause of death, First, (Primary,) (Axillary Gland) Cancer of

Second, (Immediate,)

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Ft. Reformers Cr

Date of Burial, November 21 1881

Undertaker, Henry Hreek & Co

Place of Business, 29 N Eutaw St *Address,*

D. A. Deane M. D.,
Medical Attendant. pro tem.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52887

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thomas Tyler's Infant

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* Six *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 26 Parish Alley

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.) .....

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Nov 22 1881

Undertaker, William N Berger

Place of Business, No 62 East St. *Address,* 317 Mosher St

Elias Hall M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 02701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 21 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Brooks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 378 Saratoga

Cause of Death First, (Primary,) Small pox

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Shorp St Cemetery

Date of Burial, Nov 24 1881

Undertaker, Wilhelm Aberger

Place of Business, No 62 Eutaw St

J. Harvey Hull M. D.
Medical Attendant.

Address, 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. BULLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52889

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 20th Nov 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gehring

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 75 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Wid

Occupation, Woman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 40 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 31 Marsh Market Space

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Apoplexy of Brain Sudden two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Nov 21 1881

Undertaker, Henry Hoeck & Son

Place of Business, 36 N. Central Ave *Address,*

H. H. Dodge *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52890

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NO. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Clarke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 215 N. Howard St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption Lungs

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, Nov 22nd 1881

Undertaker, Jos F Byrne

Place of Business, 39 N Liberty St

H Jenkins M.D.,

Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52891

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. M. Mallow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 14 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Balmer & McKinney's

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, old Cath Cem'y

Date of Burial, Nov 22nd 1881

Undertaker, Jos F Byrne

Place of Business, 59 n Liberty st

W. R. McKinney M.D.,

Medical Attendant.

Address, 572 W. Hayes

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52892 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 S Schneider

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Morgan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 57 *Months,* 2 *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, S — 2 —

Place of Death, {Give street and number.} S — Paca Lane

Cause of death, First, (Primary,) Catarrh —

Second, (Immediate,) Abscess

Duration of Last Sickness, 4 days

V

All the above information should be furnished by the Physician.

Place of Burial, Lauderpark Cem

Date of Burial, Nov 22 Th 1881

Undertaker, Julius Kochler

Place of Business, Sharp & Cross sts

R H P Elan M. D.,
Medical Attendant.

Address, 3 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52893 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th. November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Fuder

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Linz, Bohemia, Austria

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} S. Caroline Street 352.

Cause of death, First, (Primary,) Gastro, enteritis

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 22nd '81

Undertaker, Mr. France

Place of Business, 280 Canton Ave

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe str. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fishback

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 40 Shamrock St

Cause of Death, {First (Primary,) Congestion

Second (Immediate,) Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 22

Undertaker, B. Hurle

Place of Business, 82 West St

Edmund Cordell M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21. 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Shonnington

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 - *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 1. Bond

Cause of Death, First (Primary,) ....

Second (Immediate,) Phthisis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, H. Fatons Cemetery

Date of Burial, November 23

Undertaker, B. Hark

Place of Business, 62 West St

G. Lucas Baetke M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52896

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 21st November 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Angeline Carter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } Widow

Occupation, Nothing

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Talbot Co. Maryland 4 Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 289 Hamburge St.

Cause of Death, First, (Primary.) Vertigo & Epileptic Convulsions

Second, (Immediate.) Paralysis = Asthenic

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52897 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21th November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Therese Hormann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 5. *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} E. Lombard street 549.

Cause of death, First, (Primary,) Eclampsia

Second, (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Country

Date of Burial, Nov 23rd 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway Address, S. Wolfert.

William Henkel M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...physician as below, and the List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52898

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha M Hillen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give street and number.} 45 Hanover

Cause of Death, {First (Primary,) / Second (Immediate,)} Carbonic of Lime

Duration of Last Sickness, 8 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 22nd 81

Undertaker, C. P. Krauss

Place of Business,

Thomas Scott M. D.
Medical Attendant.

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Taylor

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 264 Shaft Alley

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 228 Henrietta St

Cause of Death First, (Primary,) Not known - was put to bed well & found dead in the morning

Second, (Immediate,)

Duration of last Sickness, One night } am satisfied from natural causes

All the above information should be furnished by the Physician.

Place of Burial, Mount Ct Cemetery

Date of Burial, Nov 22 1881

Undertaker, S H Clive

Place of Business, 198 Howard St

Jos. E. Chappell M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52900 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

Date of Death, Nov. 20. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Gross

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co, Md

Duration of Residence in the City of Baltimore, 13 years —

Place of Death, {Give street and number.} 67 Oxford St

Cause of death, First, (Primary,) Dropsy of Pericardium

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 20 days —

All the above information should be furnished by the Physician.

Place of Burial, Cobert Co Md

Date of Burial, Nov 23 1881

Undertaker, H M Chase

Place of Business, 98 Howard St

Jno J. Lind *M. D.,*
Medical Attendant.

Address, 215 Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2404 Fremont

[OVER.]

Board of Health, City of Baltimore.

Permit No. 52901

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1921 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 21st. 1921

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Eight. *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 53 Perry St.

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 23 1921

Undertaker, [illegible]

Place of Business, 198 S. Howard St.

Dr. L. H. Barclay M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52902

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Berman Butcher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 317 North St

Cause of Death, First, (Primary.) Unknown natural

Second, (Immediate.) found dead in bed

{He was at home & well when last seen by mother.}

Duration of Last Sickness, Until death

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 23rd 1881

Undertaker, H. C. Wendfeld

Place of Business, Green Mount Ave *Address,* Corner Mt Pl

Edmund R Walker *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52903 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Ceme.

Date of Burial, November 23th

Undertaker, Wendel Dippel

Place of Business, S. Bond N. 151

..... *M. D.,*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52904

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Galgar

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Three Weeks.

Place of Death, {Give street and number.} Eastern Ave 145.

Cause of Death, First, (Primary.) Pleuro Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, November 22 sd

Undertaker, Wendel Dippel

Place of Business, S. Bond st. 151

John A Schulth M.D.,
Medical Attendant.

Address, N E Cor Gough & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52905 — *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ames

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 5 or 6 years

Place of Death, {Give street and number.} 1 Patapsco ave

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W Pub Cemetery

Date of Burial, Nov 22 '88

Undertaker, F. A. Kercher

Place of Business, S. Carroll & Co *Address,* Comm of Health

James A Steuart M. D.,
~~Medical Attendant.~~
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Chas. L. E. Dierdorf

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52908

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th November 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Stepney.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, colored.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co, Md.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} 84 Millington Ste.

Cause of Death, First, (Primary.) Asthma.

Second, (Immediate.) Hydrothorax.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cimentery

Date of Burial, Nov 22 1881

Undertaker, Charles A White

Place of Business, 35 Granby St

Robert Smith Jr. M.D.,
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52907 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, Ice dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St A Ephraims Cem

Date of Burial, Nov 24th 1881

Undertaker, H M [illegible]

Place of Business, [illegible]

[illegible] *M. D.,*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Certificate.

Board of Health, City of Baltimore,

Permit No. 32908 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Hyde

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 9

Place of Death, {Give street and number.} 733 Hanover

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) —

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Nov 23rd

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 313 Light st

Phil Ellis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52909 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McCabe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Winans row

Cause of Death, First (Primary,) ...

Second (Immediate,) Diptheria

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Nov 23

Undertaker J. A. Burns

Place of Business, Front St

Florence Bratton M.D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52910 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Griffith Hanna

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 385 E. Balt. St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 24th 1881

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St

G. Glascock Lusk M. D.,
Medical Attendant.

Address, Balt. & Wash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. ~~Brown~~ Weber

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 Years, 1. Months, 26 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 413 S Charles St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov. 24th 1881

Leonard Coale M.D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business,

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52912

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV. 23 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21, 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Innaheaten

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 4. Fulmer alley

Cause of Death, First, (Primary,) Scrofulosis

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov. 23rd 1889

Chas F. Ruff M. D.
Medical Attendant.

Undertaker, Jas. M. Chase

Place of Business, 19 W. Howard St. *Address,* 306 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Huey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 1/2 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 1/2 days

Place of Death, {Give street and number.} No 10 Little Paca st

Cause of Death, First (Primary,) Trismus Nascentium

Second (Immediate,) .....

Duration of Last Sickness, 1 1/2 days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Nov 23d 1881

Undertaker, John S Wachter

Place of Business, No 150 Camden st

T Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52,914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 Nov. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emile George Neuwirth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~8~~ *Years,* 11 *Months,* 22 *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 37 N. Gay St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 37 N. Gay St

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Collapse and Spasms

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 24th 1881

Dr. D. Hellman *M. D.*
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. *Address* 120 Do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52915 *Office of Registrar of Vital Statistics.* Ward 16 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. W. Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Race & Camden Sts

Cause of death, First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 24th Nov. 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

J. H. Gurney M. D.,
Medical Attendant.

Address, 76 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52916

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Burk

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 9th S Street near

Cause of Death {First, (Primary,) Malignant Scarlet Fever

{Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem. on the Liberty Road

Date of Burial, Nov. 24' 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St.

Name Boles M. D.
Medical Attendant.

Address, 319 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 32917

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. McO'Kelley

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 145 S. Stricker St

Cause of Death First, (Primary,) Acute Bronchitis

Second, (Immediate,)

Duration of last Sickness, 1 mo and 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov. 23' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

James Bolan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52918 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Caepjik

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} # 273 Alice Anna St.

Cause of death, First, (Primary,) Congestion of the Brain.

Second, (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov. 23rd 81

Undertaker, M. France

Place of Business, 280 Canton ave

John H. Rehberger M. D.,
Medical Attendant.

Address, #243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52919

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Deal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} ✕ 386 E. Madison St.

Cause of Death, First, (Primary.) Miscarriage (Accidental)

Second, (Immediate.) Hemorrhage Asthenia

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 23 1881

Undertaker, Heuing & Hoeck & Son

Place of Business, 369 N. Central Av. *Address,* ✕ 134 N. Eutaw St.

Jane J. Balto M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Burk

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* nine *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number.} 19 Camel Alley

Cause of Death, First (Primary,) Said to be "Whooping Cough" (was

Second (Immediate,) in attendance Medic when I reached)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 25 81

Wm Green M. D.
Medical Attendant.

Undertaker, Jos Hemsley

Place of Business, 116 orchard st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52921 *Office of Registrar of Vital Statistics.* Ward 18½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 23 1081 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann J. Wallace

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* " *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Stockholm St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, Nov 23

Undertaker, H Ross

Place of Business, 95 Monument St

W S Booze M. D.,
Medical Attendant.

Address, 206 Lapeer St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57922 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, November 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown (Scotty)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, abt 35 *Years,* — *Months,* — *Days.*

Color, N

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } S/S Wallings Wh foot of Thames St

Cause of Death, First, (Primary.) 2 accidental Drowning

Second, (Immediate.) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, November 22

Undertaker, P. Mullin

Place of Business,

Chas. Marsh M.D.,
Coroner
Medical Attendant.

Address, 47 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52923

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. NOV 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown (Boston)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 25 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} E B Mallory's Wh foot of Thames St

Cause of Death, First, (Primary.) Accidental drowning

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, November 22

Undertaker, Patrick Mullin

Place of Business,

Chas H. Knight M.D., Coroner Elp

Medical Attendant.

Address, 62 W Bells St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52924

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Soloman Waidner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} 252 S. Dallas st.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Chal. Shalam Cemy

Date of Burial, Nov. 23 1881

Undertaker, Wm Edau

Place of Business, 101 Gough st

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Cohen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Jamaica, Arabia 45 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 216 W Lombard

Cause of Death, First, (Primary,) Heart & Lung Dis

Second, (Immediate,) Dropsy

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Hebrew Cem

Date of Burial, Nov 24 th 1881

Undertaker, Wm Eilers

Place of Business, 101 Gough St

Dr. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52926 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Commerford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 281 Eden ave.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 25th

Undertaker, M. Clark & Son

Place of Business, 64 Eutaw.

E. L. Link M. D.,
Medical Attendant.

Address, Balt. & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52927

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 23. 1881 BALTIMORE.

Date of Death, Nov 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Schaller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 20 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 43 Short Street

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 5 days " "

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemtry

Date of Burial, Nov. 24. th 1881. A. G. Thatcher M. D.

Medical Attendant.

Undertaker, H. Hofmann

Place of Business, N. 63. N. Eden St. Address 437 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 32928 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix Oneill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1/6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 97 S. Dallas St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 24th 188[illegible]

Undertaker, James O'Neill

Place of Business, 97 S. Dallas St

Thomas A Sleem M. D.,
Medical Attendant.

Address, Comm of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Exam'd Nov 25 88 [OVER.]

Also special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32929 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. McDermott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Hollins Alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Meningitis

Duration of Last Sickness, Ten (10) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov. 24 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

H. L. Lucas M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52930 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~David Course~~ Nov. 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Course

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} N. W. Cor. Cross & Wm. sts

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Apnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, November 24

Undertaker, B. Hurle

Place of Business, 82 West St

R. W. Ellis M. D.,
Medical Attendant.

Address, 313 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52931

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23th 9ber 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica Hoffmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 ~~xx~~ *Years,* ~~xx~~ *Months,* ~~xx~~ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} asylum of the Little Sisters of the Poor cor: John and Valley Street

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Ost St Alphonsus Cemetery

Date of Burial, 24 9ber 1881

Undertaker, Joseph B Cook

Place of Business,

Robt Emmet Doyle M.D.,

Medical Attendant.

Address, Albert & Eutaw Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52932

Office of Registrar of Vital Statistics.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 23/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Daughaday

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 19 Pitt & Eldorado Sts

Cause of Death, First, (Primary.) Def Uterus

Second, (Immediate.)

Duration of Last Sickness, 9 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov. 24. 1881

Undertaker, Wm. H. Heckman

Place of Business, 234 N. Gay St.

C. A. Pentz M.D.,
Medical Attendant.

Address, 157 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52933 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lonita Ludrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months.* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 283 N Durham St

Cause of death, First, (Primary,) Premature birth it being a five months child

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Nov 24 - 1881

Undertaker, Henry Koch & Son

Place of Business, 307 N Central Av *Address,* 307 N Central Av

J. J. White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

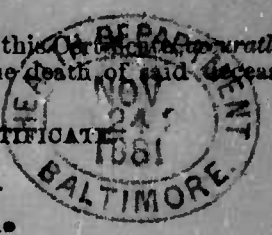
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Pick

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 6 Orleans St

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give street and number} 6 Orleans St

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate.) Pneumonia Suffocation Catarrh

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 25th 1881

E Jos Walls M. D.
Medical Attendant.

Undertaker, Henry Hoeck & Son

Place of Business, 130 E. Pratt St *Address,* N E cor Balto & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 52935 *Office of Registrar of Vital Statistics.* Ward NOV

HEALTH DEPARTMENT NOV 1881 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerry Lahey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Fireman on Steamer McLellan

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ~~Francisco~~ 10 years

Place of Death, {Give street and number.} Foot of Spears wharf

Cause of death, First, (Primary,) Intemperance

Second, (Immediate,) Accidental Drowning

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 25th 1881

Undertaker, C. F. Kraus

Place of Business,

Edmund R Walker M. D.,

~~Medical Attendant.~~

Address, Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52936 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Wirt Bartle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City, Life

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 30 Constitution St.

Cause of death, First, (Primary,) Tuberculous Meningitis

Second, (Immediate,) Coma

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns. Waverly.

Date of Burial, November 25. 1881

Undertaker, George Schilling

Place of Business, Cor Mon^t + Aisquith

E. B. Balloch M. D.,
Medical Attendant.

Address, 34 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 52937 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov, 22nd, 1881,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdelena Seiter

Sex, Male or Female, {Cross out the word not required in this line.} Famale

Age, 48 Years, *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty-six years.

Place of Death, {Give street and number.} # 275 S. Dallas St.

Cause of death, First, (Primary,) Asthma accompanied by

Second, (Immediate,) Chronic Bronchial Catarrh.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 24 1881

Undertaker, Henry Sander

Place of Business, 202 Canton Ave.

John H. Rehberger M. D.,
Medical Attendant.

Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52988

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H. Hathaway

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... (*Months,* .....) *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 49 Hill St.

Cause of Death, First, (Primary.) Croup

Second, (Immediate.)

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, Nov 24th 1881

R. W. Mansfield M.D.,
Medical Attendant.

{*Undertaker,* Armstrong & Dem

{*Place of Business,* 263 Light St. *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52939

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Perry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 1 *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 52 James Av

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Batts Annex

Date of Burial, Nov 25th 1881

~~*Undertaker,*~~ ~~Arnold & Dunn~~

Place of Business, 263 Light St

G. L. Booth M.D.,
Medical Attendant.

Address, 52 James Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52940

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 24 1881 BALTIMORE

Date of Death, Nov 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E. Washington,

~~Male~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow~~ *Widower,* {Cross out the word not required in this line.}

Occupation, ~~———~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 98 N Spring St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Convulsions

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Nov 23rd 1881.

Undertaker, Theodor J Zuch

Place of Business, 73 Jefferson st

Saml D Powell M.D.,
Medical Attendant.

Address, No 29 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the

Board of Health, City of Baltimore,

Permit No. 52941 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Bahlman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 35 Elizabeth Lane

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetary

Date of Burial, Nov. 25th 81.

Undertaker, R. Doyle

Place of Business, ~~411 Light St.~~ 482 West St.

L. C. Yun M. D., M. D.,
per W. H. K. Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions [illegible]

Board of Health, City of Baltimore,

Permit No. 52,942

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Alfred Kaines

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} * 136 Aisquith St.

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.) Eclampsia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ind Cemetery

Date of Burial, Nov 24th/81

Undertaker, Fry & Son

Place of Business, 810 Broadway

Geo. A. Vastman M.D.,
Medical Attendant.

Address, * 305 N. Caroline St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Young

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 1 *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~Ireland~~ Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 2. Gold Run

Cause of Death, First (Primary,) ....

Second (Immediate,) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Novem. 24

Herbert Carter M. D.
Medical Attendant.

Undertaker, B. Gilbert

Place of Business, 82 West St

Address 1146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52944 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Meekins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N= 54 Henrietta st

Cause of Death, First, (Primary.) Croup Membranous

Second, (Immediate.) Asphixia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 25-th

Undertaker, Julius Koehler

Place of Business, Corner Park & Cross st

C. L. Buddenbohm M.D.,
Medical Attendant.

Address, 166 S Paca st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52945

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ALL CERTIFICATES NOV 1881 BALTIMORE

Permit No. 52945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Doe

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 9 *Years,* 3 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} Virginia Alley 12 Eighteenth Ward

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Malaria

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, 24 Nov 1881

Undertaker, J. Doe & Bro

Place of Business, 124 Eutaw

A. G. Reinhart M. D.
Medical Attendant.

Address, 124 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 52946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Ellenbrok

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 1 Calvert Station Road

Cause of Death {First, (Primary,) Typhoid Fever

{Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Ce

Date of Burial, 25 November.

Undertaker, John P Parlett

Place of Business, 66 Frederick Ave.

Residence, Geo. C. Brantz M. D.
Medical Attendant.

Address, 219 Holliday

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 12417

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Small

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 84 *Years,* 2 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 97 Preston st

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, November 25. 1881

Undertaker, Wm Weavers

Place of Business, No 202 Eutaw st *Address* 201 Madison Ave

H. L. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53948 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fahay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 S Bruce St

Cause of death, First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov. 25th 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

W. Keating *M. D.,*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52949

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25? 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Appolini Steel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* 6 *Months,* 25 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 57 Chapel

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Septicemia ✓

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, November 25

Undertaker, W. Dippel

Place of Business, 157 S Bond

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,950 *Office of Registrar of Vital Statistics.* Ward 4th/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kehoe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 93 *Years,* — *Months,* — *Days.*

Color, white

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number.} 43 S. Exeter St

Cause of death, First, (Primary,) —

Second, (Immediate,) old age

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Nov 25th 1881

Undertaker, Jas P. Byrne

Place of Business, Front St

James H Lemmon M. D.,
~~Medical Attendant.~~

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus P. Skinner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 173 Saratoga St

Cause of Death, First (Primary,) .....

Second (Immediate.) Typhoid Fever

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 27th Nov

Undertaker, H. L. Schafer

Place of Business, Fremont St

J. Gilman M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52952

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24 — 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } No name Martha & T S and Wellington Parents

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Virginia Alley No 25

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Convulsions.

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Shorpe Cemetery

Date of Burial, Nov 25 1881

J C Johnson *M.D.,*

Medical Attendant.

Undertaker, William Dunge

Place of Business, No 62 East St *Address,* 41 Naugh

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52953 *Office of Registrar of Vital Statistics.* Ward 17 9/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shriner

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 10 Months ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 of Abey's Alley

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 25th 1891

Undertaker, B. Hanley

Place of Business, Cross St

James A Smith M. D.,

~~McKendree Church~~

Address, Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined — I. P. Smith

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 529524 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1891 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Nov. 25th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Rice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 2 *Months,* 15 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 109 Eastend av

Cause of death, First, (Primary,) Inanition - Capillary

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus.

Date of Burial Nov 27th

Undertaker, Michael Fantz

Place of Business No 35 Bank St

P. L. Williams M. D., Medical Attendant.

Address, 44 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32953

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd Patterson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* Eleven *Months,* Fourteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 182 North Bond St

Cause of Death, First, (Primary.) It may be from a fall

Second, (Immediate.) Meningitis

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Methodist Protestant Church

Date of Burial, 26 of Nov 1881

Undertaker, John W Jackson

Place of Business, Cor Caroline & Gay St

Milton A Smith M.D.,
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52956

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} India Newburne Hammond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No. 368 W. Fayette St.

Cause of Death, First, (Primary.) Tracheal Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 56 hours.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 26

Undertaker, W. Immel

Place of Business, 315 W. Baltimore

Wm. W. Mowray M.D.,
Medical Attendant.

Address, 328 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Christopher Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 14 *Years,* 7 *Months,* 23 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 yrs 7 mos. & 23 days

Place of Death, {Give street and number.} 51 Whatcoat Street

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. G. H. Adams M. D.

Date of Burial, Nov 25 1891 Medical Attendant.

Undertaker, C. W. Bliss

Place of Business, 201 Pine Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52958 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bail

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Josephs Hospital

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 26th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Oscar J. Miller M. D., Medical Attendant.

Address, 888 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32959

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Henry Boring

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stonecutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 40

Place of Death, {Give street and number.} 318 Mulberry St

Cause of Death, First, (Primary.)

Second, (Immediate.) Heart Disease

Duration of Last Sickness, 2½ hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 27 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Alexander Tinsley M.D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52960

Office of Registrar of Vital Statistics,

HEALTH DEPARTMENT
NOV 25 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Beehl

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Tailor; Cutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 29 Irvin place

Cause of Death, First, (Primary.) Gastro enteritis

Second, (Immediate.) paralysis of heart

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 27 81

Undertaker, M. France

Place of Business, 280 Canton Ave

J. C. Dauch *M.D.,*
Medical Attendant.

Address, 403 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52961

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 25 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Finding

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ~~Months~~, ~~Days~~.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Store Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} No 265 Ann St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Nov 27th 1881

Thomas B. Evans M.D.,
Medical Attendant.

Undertaker, Henry Snyder

Place of Business, 252 Caroline St *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52962

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
NOV 26 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25- 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gussie Downes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5- *Months,* ..... *Days.*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 19 State St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 26/81

Undertaker, J6 Doran

Place of Business,

J. Shelton Hill *M.D.,*
Medical Attendant.

Address, 432 W Lafayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

Permit No. 52963 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Flegel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Hull St near Fort Rd

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 28th 1881

Undertaker, B. Hall

Place of Business, corner St

I Ames A Lewis M. D.,

~~Medical Attendant~~ Coroner

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

Examined by L. E. Durding

No. 52964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Cooper

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 14 *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 54 Saratoga St.

Cause of Death, First, (Primary,) Variola

Second, (Immediate,) Variola

Duration of last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Nov 25th 1881

Undertaker Abraham Wayman

Place of Business, 13 Saratoga St.

D. J. Kinhart M. D.
Medical Attendant.

Address, 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 52965

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Reynolds

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, abt 66 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 8 Years

Place of Death, { Give street and number. } 16 Steuarts Alley

Cause of Death, First, (Primary.) Erysipelas Penis Scrotum &c

Second, (Immediate.) Asthenia

Duration of Last Sickness, about 16 Days My care hitherto since Dec

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 26 1881

Undertaker, James A Byrne

Place of Business, No 63 N Front St

Geo. W. Cook M.D.,
Medical Attendant.

Address, 62 W Saratoga St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52966

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Phillips Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* 17 *Days.*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number.} 245 E Pratt St

Cause of Death, First, (Primary.) Shock, from Fall

Second, (Immediate.) Syncope

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Nov 26

Undertaker, Fry & Son

Place of Business, 8 & W Broadway

E. Jon Hall M.D.,
Medical Attendant.

Address, NE Cor Balto & Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Those on the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 52967 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lee Rippley.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 18 S Carey St

Cause of death, First, (Primary,) Double Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 27 1881

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

M. C. Herring M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carroll

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 5 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, A Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastn Md.

Duration of Residence in the City of Baltimore, Twelve (12) Years.

Place of Death, {Give street and number} #12 Lawns Alley

Cause of Death, First, (Primary.) Cirhosis of the Liver

Second, (Immediate.) Exhaustion

Duration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Eastern Md.

Date of Burial, Nov 25 81

James Brown M. D.
Medical Attendant.

Undertaker, Charles White

Place of Business, 35 Grundy st *Address,* #110 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52969

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ann Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* ——— *Months,* ——— *Days.*

Color, Brown Skin

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Tuberculosis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md

Date of Burial, Nov 26th 1881

Undertaker, John C. Jordan

Place of Business,

T. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2419 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52970

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

NOV 25 1881
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence M. Ogier

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25. *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} Cor Barclay & Townsend

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, About Twenty Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 27th 1881

H. Clinton McSherry M.D.,
Medical Attendant.

Undertaker, Jno H Weaver & Co

Place of Business, 224 W Fayette St *Address,* 189 N. Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 November 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Tarnowsky

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 1 *Years,* 3 *Months,* ____ *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~M~~ S

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } ~~W Fayette~~ Patterson Pk 995

Cause of Death, { First, (Primary,) Scarlet fever

{ Second, (Immediate,) ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Nov 26 1881

Undertaker, L P Bush

Place of Business, 66 Frederick [illegible]

L F Reinhard M. D.
Medical Attendant.

Address, 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER]

Board of Health, City of Baltimore,

Permit No. 52972 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23rd day of Novbr. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mutter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} General German Orphan Asylum Aisquith (St)

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial, Nov. 26. 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address,*

Jno. Hefs M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32973 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novr 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcia Eder Eder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 8 *Months,* — *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 262 E. Clay and Chas

Cause of death, First, (Primary,) Chronic Pleurisy Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Denis Ch

Date of Burial, Nov 28 1881

Undertaker, Henry Hacek & Son

Place of Business, 30 & N. Central Ave *Address,* 214 S. Eutaw St

S. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52974. *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Butler,

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 Cross

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov. 27th 1881

Undertaker, Armstrong & Denny

Place of Business, Montgomery & Light

R. J. H. Tull, M. D.,
Medical Attendant.

Address, 152, Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52975 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresia Donnelly

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* — *Months,* 7 Seven *Days.*

Color, Colick

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 311 E Biddle St

Cause of death, First, (Primary,) Eclampsia

Second, (Immediate,) — —

Duration of Last Sickness, Several hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Ch

Date of Burial, Nov 26 1881

Undertaker, Henry Storck & Son

Place of Business, 305 N. Central Av *Address,* 74 N Eutaw St

S. W. Sloan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person [illegible] in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when [illegible]ase comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintend[illegible]g the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32976 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore C. Harvey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 38 Battery Ave

Cause of Death, First (Primary,) ; Second (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Nov 27th

Undertaker, Armstrong & Demmy

Place of Business, Light St

Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 32977

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rasmussen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 52 hr *Years,* — *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} E. Lo Station

Cause of Death, First, (Primary.) 3 Intemperance & Exposure

Second, (Immediate.) 2

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetary

Date of Burial, November 26

Undertaker, Wendel Dippel

Place of Business, S. Bond st. 15

Arthur Mockt *M.D.,*
Coroner & *Medical Attendant.*

Address, 67 E Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52978

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 11-30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Schmeunes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 4 *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 200 N. Biddle St.

Cause of Death, First, (Primary.) Femoral Hernia - Strangulated,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount C. H. Miller

Date of Burial, Nov. 26 *M.D.,*

Medical Attendant.

Undertaker, Walter & Imme

Place of Business, 315 N. Biddle *Address,* 89 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore.

Permit No. 52979 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Wallick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} Foot of Scott St. Canal Boat Kelsey.

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Heart inertia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Novem 27th 1881

Undertaker, M A Dilger

Place of Business, 74 S Broadway

E. H. Janney M. D.,
Medical Attendant.

Address, 260 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 52980

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Farley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} Cor Albemarle & Stiles st.

Cause of Death { First, (Primary,) Phthisis — / Second, (Immediate,)

Duration of last Sickness, one year —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 28th 1881

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Chas. H. O'Reilly M. D.
Medical Attendant.

Address, 306 Madison Ave —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 0 2 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

Permit No. 52981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M. Pidene

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House-Wife.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 48 Pine St.

Cause of Death First, (Primary,) Small Pox.

Second, (Immediate,) " "

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, W. Cemeteries

Date of Burial, Nov 26" 81.

Undertaker, Thr Henry Mears

Place of Business, N Hay St

Jno J Livingston M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52982 *Office of Registrar of Vital Statistics.* Ward 17 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hyde

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 2 30

Place of Death, {Give street and number.} 733 Hanover St.

Cause of death, First, (Primary,) Malarial Fever

Second, (Immediate,) Acute Bronchitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 27th

Undertaker, F. N. Voll

Place of Business, 131 Hanover St *Address,* 733 Light

R. H. Ellis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52983

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Ramsburg

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 2 *Months,* 20 ~~X~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 156 N. Eutaw St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Long time

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Nov 26

Undertaker, S. E. Hough

Place of Business, 320 Penna Ave

J. Yingling M.D.,
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lis... ...d Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32984 *Office of Registrar of Vital Statistics.* Ward 12 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jones

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Nr 1 Morris alley

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Pneumonia

Duration of Last Sickness, abt 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 26th 1881

Undertaker, W. H. Bishop Jr.

Place of Business 97 Aisquith St.

J. Thos. Adams M. D.,

Medical Attendant.

Address, 99 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52985

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1901 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Emmory Rhaun

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N Spring St 143.

Cause of Death, First, (Primary.) Dropsy.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sunday Nov 27th

Undertaker, Michael Tuzik

Place of Business, No 35 Bank St

John A Lehnitz M.D.,
Medical Attendant.

Address, N E Cor Gough & Eden

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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No. 52986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th Nov 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas A. Reeves

Sex, Male or Female, { cross out the word not required in this line. } male

Age, Forty *Years,* ~~ *Months,* ~~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, about 2 weeks ✓

Place of Death, { Give street and number } 97 Apple Ave

Cause of Death, First, (Primary,) Malaria hemorrhagic

Second, (Immediate,) Dropsy & Related Heart

Duration of last Sickness, about 10 months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, [redacted]

E. Donnellan M. D.
Medical Attendant.

Undertaker, C. W. Bogart

Place of Business, 207 Dolphin Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 52987

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th Nov. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Manna

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 91 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Retired

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Phila. Pa.

Duration of Residence in the City of Baltimore, 70 yrs.

Place of Death, {Give street and number.} S.W. Corner Eden & Chase Sts

Cause of Death, First, (Primary.) Organic Dis. Heart + mitral valve

Second, (Immediate.) Anemia + Brain -

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov 27th 1881

Undertaker, Henry Simpson

Place of Business, 500 [illegible] *Address,* 48 McCulloh St

H.W. Ohnsorge *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52988

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Lavaggo

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, abt one year

Place of Death, {Give street and number.} 5 Plowman St

Cause of Death, First, (Primary.) Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, abt a year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 26th 1881

Undertaker, James P Byrne

Place of Business, No 63 N Front St

D M Cattell M.D.,
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25 1881 BALTIMORE

Date of Death, Nov 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Strauss

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 180 W. Fayette St

Cause of Death, First, (Primary.) Consumption Lungs

Second, (Immediate.)

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cong Cemetery

Date of Burial, Nov. 27th/81

Undertaker, ~~Chas~~ Hollander Sons

Place of Business, 22 W. Pratt St.

H. Lemmel M.D.,
Medical Attendant.

Address, No. 2, Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52990 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 25. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. C. Cook

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 214 Hanover St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov the 27th

Undertaker, Geo W Watkins Jr & Co.

Place of Business, 130 Hanover St

E. S. Boze M. D.,
Medical Attendant.

Address, 202 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 32991 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Bösenberger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (25 yrs in America

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Nov. 26. 1881

Undertaker, Wm H Hackman

Place of Business, 234 N. Gay St

Oscar J. Cole M. D., Medical Attendant.

Address, 188 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 3 *Months,* ..... *Days.*

Color, Cl

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 107 Orchard,

Cause of Death { First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 26th 81

Undertaker, J. M. & R. Bishop & Co.

Place of Business, 97 Lexington St.

R. Winslow M. D.
Medical Attendant.

Address, 201 N. Bethel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Spec... ...ly invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52993

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 26 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Cornish

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Salisbury Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} " " Little Montgomery St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) " Paralysis,

Duration of Last Sickness, 21 hours,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27

Undertaker, H Ross

Place of Business, 95 Conway St

Ernst Beck M.D.,
Medical Attendant.

Coroner

Address, 101 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

The Sp... ...y Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52994 *Office of Registrar of Vital Statistics.* Ward 7"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Mallon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland / 14 yrs in America

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of death, First, (Primary,) Typhus Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 28 1881

Undertaker, Henry H. Mears

Place of Business, [redacted] Fayette *Address,* 188 W Calvert st

Oscar J. Miller M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ferred to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52995

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Gibbs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number.} 9 Wadsworth St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Dropsy - General -

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount at Cemetery

Date of Burial, Nov 28 1881

Undertaker, Alex Hendley

Place of Business, 116 Pembroke St

D. Miller M.D.,

Medical Attendant.

Address, 89 N Greene St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except In cases of births and deaths of illegitimate children. [OVER.]

No. 52996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bertha Hyde

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her entire life time

Place of Death, {Give street and number} Hanover St near Mill St

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 27th.

Undertaker, H. N. Todd

Place of Business, 131 Hanover

M. Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. [illegible] PRINTERS AND STATIONERS.

The Sp[illegible] Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52997 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rice

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 12 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Johnson St.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemet.

Date of Burial, Nov. 27.

Undertaker, B. Hasle

Place of Business, 42 West St

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Sp... Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52998

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta McMaster

Sex; ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 49 Bank St

Cause of Death, First, (Primary.) Tabis Mesenterica

Second, (Immediate.)

Duration of Last Sickness, 4th 5 months

All the above Information should be furnished by the Physician.

Place of Burial, Trinity St Cem

Date of Burial, Sunday Nov. 27

Geo. L. Kenemon M.D.,
Medical Attendant.

Undertaker, Michael Stynk

Place of Business, No 35 Bank *Address,* East Dock

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spe... ...ey having to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

Date of Death, Nov 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John a Butner

Sex, Male or ~~Female~~; {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 9 Hutton St

Cause of Death, First (Primary,) Boils abscess

Second (Immediate,) ~~to Death~~ Pyaemia

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 28th

Medical Attendant. M. D.

Undertaker, B. Hart

Place of Business, 82 West St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Israel Goldmann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* Two *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 31 King St.

Cause of Death First, (Primary,) Hip Joint Disease

Second, (Immediate,) Convulsions

Duration of last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew St. Church Burial Ground

Date of Burial, ...

Undertaker, Wm Eilau

Place of Business, 101 Fough St.

Wm Gambrill M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5800/

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 27 1881, BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov. 26 / 88 /

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Sunday

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, — 2 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 257 Croft St.

Cause of Death, First, (Primary.) Phthisis pulmonalis

Second, (Immediate.) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 27th 1881

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St

Address, 245 S. Baltimore

[illegible] M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55002 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dunn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 ~~Days~~.

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 43 Block St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Premature Birth

Duration of Last Sickness, an hour

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 27 1881

Undertaker, M A Danzer

Place of Business, Broadway

James A. Stuart M. D.,

Medical Attendant,

Address, Com. of Health Physician per McShane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...issued, Saturday of each week. No. 53003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53003

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Rich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, {Give street and number.} No. 30 N. Fremont St.

Cause of Death, First, (Primary.) Fatty degeneration of Heart

Second, (Immediate.) Syncope

Duration of Last Sickness, About half an hour - Been sick for years

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Nov 27 1881

Undertaker, F. Frank Loane

Place of Business, 654 W. Balto St

Wm. W. Murray M.D.,
Medical Attendant.

Address, 308 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 22607

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 53004

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, to the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 7 *Months,* 8 *Days.*

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Custer Ave 75

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Evergreen Cemetery

Date of Burial, Nov 26 1881

E. C. Baldwin *M.D.,*
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby Street *Address,* 124 n Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

53005

...weekly of each week.

The Special Attention of Physi... ...invited to the Remarks below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53005 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 26th 2 P.M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Mengel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X Y

Occupation, X Y Y

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} E Lombard St near Broadway

Cause of death, First, (Primary,) Pseudo Membranous Laryngitis

Second, (Immediate,) .....

Duration of Last Sickness, 3 or 4 Days. Sent for Yesterday

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov 28th

Undertaker, Henckel Lippel } James E. Donnelly M. D.,

Place of Business, 15 N Paca St } *Address,* 299 E Baltimore St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Saturday of each week. 53006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53004 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sheet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} 656 Do Seattle

Cause of death, First, (Primary,) Scirrhus of the breast

Second, (Immediate,) Tumor

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician.

Place of Burial, N. Paul's Cem

Date of Burial, Nov. 26 81

Undertaker, Wm. Digel

Place of Business, N. Bond St 151

F. A. Miller M. D., Medical Attendant.

Address, 709 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53007 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 27 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Robinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, W

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 234 Raborg St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia Bronchitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 29th

Undertaker, A Kemble

Place of Business,

James A Stewart M. D.,
Medical Attendant.

Address, Commissioners of Health Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...day of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53008 *Office of Registrar of Vital Statistics.* Ward 7 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

Date of Death, Nov 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Lindenberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 02 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Sewing Machine Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 or 4 years

Place of Death, {Give street and number.} 109 N. Gay Street

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Almost from birth

All the above information should be furnished by the Physician.

Place of Burial, Near Sinai Cemetery

Date of Burial, Nov 28th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

E. W. Flour M. D.,
Medical Attendant.

Address, 109 N Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ly of each week.

And Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 53009 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willis Fowlick

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } Cor. Carlton & Mulberry Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Balto Hebrew Cong Cemetery

Date of Burial, Nov 28th

Undertaker, Wm Eilenc

Place of Business, 101 Gough St

A. B. Arnold M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Saturday of each week.

No. 53010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E Robins

Sex, Male or Female, {cross out the word not required in this line.} Male,

Age, 1 *Years,* — *Months,* 19 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 48 Pine St

Cause of Death {First, (Primary,) Variola

{Second, (Immediate,) "

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 29th 1881

Undertaker, H. W. Means

Place of Business, N. Gay St

A Pennington Jno M. D.
Medical Attendant.

Address, 134 N Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Parks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} "

Age, 86 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male,

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.} "

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.,

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 363 Cathedral St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Dropsy

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 28th 1881

G. H. Emmons M. D.
Medical Attendant.

Undertaker, Andrews & Harkyer

Place of Business, No 4 & 6 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 53012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 28 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McCenky

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 253 West Stiffman st

Cause of Death First, (Primary,) Acute Bronchitis

Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, Many months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Nov 28th 1881.

Jos. L Loyd Martin M. D.
Medical Attendant.

Undertaker, H Lewis Schaefer

Place of Business, 109 N Fremont

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY ...TERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 53013 *Office of Registrar of Vital Statistics.* Ward 18-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

Date of Death, 27th Nov 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. F. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Ten *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 252 Hollins St.

Cause of Death, First, (Primary,) " Diptheria "

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Nov 30

Undertaker, J. W. Cook

Place of Business, West Baltimore *Address,* 584 W Fayette St

L. G. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 53014

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary N. Griffin

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Her 1-2 weeks

Place of Death, {Give street and number} E. Biddle & Aisquith Streets Ct

Cause of Death, First, (Primary,) Inertia & malaria & whooping Cough

Second, (Immediate,) Exhaustion

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 28th

Undertaker, H. C. Mayfield

Place of Business, 20 Cent

W. B. Griffitt M. D.
Medical Attendant.

Address, 160 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 53016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November - 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adolphus Mc Ger.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 9 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No - 41. Hanbert st, Locust Point.

Cause of Death { First, (Primary,) Second, (Immediate,) } Diphtheria

Duration of last Sickness, Two (2) days -

All the above information should be furnished by the Physician.

Place of Burial, Lovenstown Balto. Co

Date of Burial, Nov. 28 1881

Undertaker, J. B Cook

Place of Business, 707 N. Balto. St

A. T. Clarke - M. D.
Medical Attendant.

Address, 235 Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 33016. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm M Bast

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* 2 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 39 N Henry

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 28

Undertaker, J B Cook

Place of Business, 707 Baltimore St

J. H. [illegible] M. D.,
Medical Attendant.

Address, 16 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

304

53017

Certificate of Death

53017

Date of Death – November 26. 1881

HEALTH DEPARTMENT NOV. 28 1881 BALTIMORE.

Name Louis Keiner

Sex Male

Color White

Age 17 months

Birthplace Baltimore

Duration of Residence – Lifetime

Residence Oxford St. North side 3rd door from Pennsa Ave

~~Tuberculosis~~

~~Meningitis~~ ✓

Cause of Death Tubercular meningitis

Immediate cause Convulsions

Duration of last illness – Abt 2 weeks

Place of Burial Baltimore Cemetery

Burial Nov. 28. 1881 J. E. Atkinson M.D

Undertaker. Walter Emmet

215 West Biddle 223 Madison Ave

City

No. 5301[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Holliday.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland - 75 yrs.

Duration of Residence in the City of Baltimore, 75 years.

Place of Death, {Give street and number} University Hospital.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Asthenia

Duration of last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Nov 28 1881

Undertaker, L H Chase

Place of Business, 108 Hanover

Robert A. Welsh M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Nov

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 53019

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M Ridgely

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* ..... *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 100 Shields St

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Congestion Brain

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28 1881

Undertaker, S Frisbee

Place of Business, 92 Broadway

G Miller M.D.,
Medical Attendant.

Address, 89 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorethea Ruppe

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 172 West St

Cause of Death, First (Primary,) ——— Second (Immediate,) Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 28th

Received payment Dr. M. D.
Medical Attendant.

Undertaker, F. N. Frick

Place of Business, 131 Hanover St.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 33021

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 42 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 17 Years

Place of Death, {Give street and number.} 8 Hammond alley

Cause of Death, First, (Primary.) Wound in Chest

Second, (Immediate.) Syncope

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 27th 1881

Undertaker, Jas R Byrne

Place of Business, Front st

Chas H Mohr M.D.,
Medical Attendant.

Coroners Ele

Address, 67 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Asing

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, ~~11~~ *Years,* ~~11~~ *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} "

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 213 Druid Hill Ave

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Enteritis. V

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 28th 1881

E. Lemmon *M. D.*
Medical Attendant.

Undertaker, Dieterick. Wiegand

Place of Business, 166 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 53023. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Nasbey.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #1245 Durham

Cause of death, First, (Primary,)

Second, (Immediate,) Gastritis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem

Date of Burial, Nov 28-1881

Undertaker, W Despeaux

Place of Business,

James A. Stewart M. D.,

~~Medical Attendant.~~

Address, Commissioner of Health

~~Registrar~~

Jno M Shaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 53044

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Tally

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 13 *Months,* 10 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow*~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 45 Jackson St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Convulsions.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 28th 1881

Undertaker, John Lake

Place of Business, 161 E Balto St

A. F. Esich M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 33025

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Rebecca Quinn

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 173 S. Chester st

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Novem. 29th 1881

R. W. Mansfield *M.D.,*
Medical Attendant.

Undertaker, W. A. Vaigt

Place of Business, 74 S. Broadway *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 53026 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 48 Wyeth St

Cause of death, First, (Primary,) Premature Birth

Second, (Immediate,) (But 7½ & 8 Mos)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 28th 1881

Undertaker, P. F. Dill

Place of Business, No 183 Columbia *Address,* 168 Paca St

Jno D Blake M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 53027 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert John Kaussatis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11. *Months,* 11. *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 139 Hanover Str

Cause of death, First, (Primary,) Diphtheritis - Malignant

Second, (Immediate,) Exhaustion - Asthenia

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 28th

Undertaker, Geo Schilling

Place of Business, Ashland Square

O Wilson M. D.,
Medical Attendant.

Address, 74 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 53.028

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Koch

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 36 *Years,* —— *Months,* ..... *Days.*

Color, Wht

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Brewer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Baker bet Caroline (Mother Brewery)

Cause of Death, First, (Primary.) Delirium tremens

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 29th

Undertaker, Leatherbury

Place of Business, ...

J Hutchins M.D.,
~~Medical Attendant.~~

Address, 245 S Bond

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the REMARKS below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 53029

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 27 1881 P.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Pumphrey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number.} 570 Franklin

Cause of Death, First, (Primary.) Hydrocele

Second, (Immediate.) Gangrene

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 29th

Thomas Otis M.D.,
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 E. Eutaw st *Address,* 39 N. Carey

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 53030

Office of Registrar of Vital Statistics.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louie Margaret Knoek

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 6 *Months,* 24 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No Cooley St, Locust Point

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Septicemia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Novem 28 1881

Undertaker, John Heneric

Place of Business, 882 Eutaw St *Address,* 22 Jackson Place

Thomas B. Evans M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The D...

Board of Health, City of Baltimore,

Permit No. 53031 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Kollock Andrews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 58 McElderry St

Cause of death, First, (Primary,) Malarial Fever. (Ethmoid condition finally)

Second, (Immediate,) Congestion Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 29 1881

Undertaker, John Hennessy

Place of Business 382 Orleans St *Address,* 260 E Balt St

E W Janney, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 53.032

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen O'Neal

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 97 E. Pleasant St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Cem.

Date of Burial, Nov 28 th

R. W. Mansfield M.D.,
Medical Attendant.

Undertaker, Michael Hunk

Place of Business, 35 Bank *& Address,* 467 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The B[illegible]

Board of Health, City of Baltimore,

Permit No. 53033 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 571 Saratoga st

Cause of Death, First, (Primary,) "Diphtheria"

Second, (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial Bonny Brea

Date of Burial, Nov 29 1881

[signature] Physician M. D.,

Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Sp... ...to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 73034 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Francis Farrel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Seven years.

Place of Death, {Give street and number.} # 7 Carleton St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Helens Cem

Date of Burial, Nov 29-1881

Undertaker, Matthew O Cadogan

Place of Business,

James A. Stewart M. D.,
Medical Attendant.

Address, Commissioners of Negotiations

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53035 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

Date of Death, Nov 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix H. Pye

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 43 Lawrence alley

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Nov 28th 1881

Undertaker, Jos L Jones

Place of Business, 62 Aisquith

Wm. E. Russell M. D.,
Medical Attendant.

Address, 238 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53.036

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maranda Redd

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook, Washer & Ironer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, about 15 Years

Place of Death, {Give street and number.} 21 Whatcoat St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, About Three Months

All the above information should be furnished by the Physician.

Place of Burial, Sarum Cemetery

Date of Burial, Nov 28 1881

Undertaker, Charles A Whit

Place of Business, 35 Granby St

Julius Hall M.D.,
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wesley Sanders

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 48 Lewis St.

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28 1881

Undertaker, Charles L White

Place of Business, 35 Franklin St *Address,* 105 N. Eutaw St

Francis A. Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Lamphier

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balls

Duration of Residence in the City of Baltimore, 14 mos

Place of Death, {Give street and number} 35 N. Paca St

Cause of Death, First, (Primary,) ~~Congestion of Lungs~~ Bronchitis

Second, (Immediate,) Lung

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov. 29. 1881

M. Gustavus M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 374 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 24. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Charles Bond

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 116 Montgomery st.

Cause of Death { First, (Primary,) Malignant Diphtheria
Second, (Immediate,) .....

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 26 1881

Undertaker, Armistead Sons

Place of Business, [illegible] *Address,* 1305 N. Caroline st

Geo A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53040 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Lathuis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 14 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore M. D.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 227 Chestnut alley

Cause of death, First, (Primary,) Cold

Second, (Immediate,) Consumption

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29th 1881

Undertaker, T Hunsley

Place of Business,

James A. Stewart M. D.,

~~Medical Attendant.~~

Address, Commissioners of Health

Per M Shane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Balto. Md. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53041 *Office of Registrar of Vital Statistics.* Ward 5-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1881 BALTIMORE, MD.

Date of Death, November 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Twenty one *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 14 E Eden Street

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) " Exhaustion

Duration of Last Sickness, Five days - Seen twice

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29 @ 1881

Undertaker, Theo L Locke

Place of Business, 473 Jefferson St

Whitefield Primary M. D.,
Medical Attendant.

Address, 152 Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53042 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 28 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Malstrum

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 208 Cookson St

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) suffocates collection - throat

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem.

Date of Burial, Nov 29th 1881

Undertaker, H. M. Gilmore

Place of Business, No 341 Eastern Ave

E. F. Janney, M. D.,
Medical Attendant.

Address, 260 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 530443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Klene

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltmd

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 212 Frederick av

Cause of Death { First, (Primary,) Membranous Croup
Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 29 November

Undertaker, John P Pulse

Place of Business, 60 Frederick

Robt K Knight M. D.
Medical Attendant.

Address, 884 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53044

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 28 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosanna Fullerton

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland (County Down) - 62 Years

Duration of Residence in the City of Baltimore, 62 Years

Place of Death, { Give street and number. } No 1 N Mays Court off Penna Ave

Cause of Death, First, (Primary.) Old Age

" Second, (Immediate.) Shock - from a fall

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 29th 1887

Undertaker, Joseph F Byrn

Place of Business, 59 n Liberty

W H Antrim M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm J Stickley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ Widower, { Cross out the words not required in this line. }

Occupation, Farmer.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt.

Duration of Residence in the City of Baltimore, One month

Place of Death, { Give street and number. } 361 Sanrad St.

Cause of Death, { First (Primary,) Pulmonary effusion / Second (Immediate,) }

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 29th

Undertaker, Blackiston & Son

Place of Business, 222 S. Caroy st

H M Bitton M. D.
Medical Attendant.

Address 251 Mad. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 530476 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence C. Eckert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 Mo ∇ 15 dys

Place of Death, {Give street and number.} 183 W^m^ St.

Cause of death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 Mo ∇ 15 dys

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 30th 1881

Undertaker, Smith & Dem

Place of Business, 263 Light St

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Balto sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 53047

Office of Registrar of Vital Statistics:

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Sophie Christina Engstrom

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 9 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 71 Cambridge St

Cause of Death, First, (Primary.) Nervous Exhaustion

Second, (Immediate.) Debility

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov. 29th 1881

Undertaker, Henry Lander

Place of Business, 252 Canton Ave

Geo. W. Jacobs M.D.,
Medical Attendant.

Address, 128 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53048

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Eckenberg

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 53 *Years,* 10 *Months,* 12 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} No 219 S. Wolf St

Cause of Death, First, (Primary.) Cancer of the Stomach

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 30th 1881

Thomas J. Evans, M.D.,
Medical Attendant.

Undertaker, Henry Saunders

Place of Business, 252 Canton Ave *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. C...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53,479.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas S. Washington

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 27 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 147 W. Eden St.

Cause of Death First, (Primary,) Dysphteria

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29 1881

Undertaker, [illegible]

Place of Business, [illegible]

Francis T. Stevens *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53050

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Haas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single,*~~ ~~*Widow or Widower;*~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 199 Light St.

Cause of Death, First, (Primary.) Consumption.

Second, (Immediate.)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Balto Ct

Date of Burial, Nov 30 1881

J. G. Keller, *M.D.,*
Medical Attendant.

Undertaker, Henry Hoeck & Son

Place of Business, 307 N. Central Ave *Address,* 89 Monument St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33057 *Office of Registrar of Vital Statistics.* Ward 7-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Oakes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* — *Months,* — *Days.*

Color, Wh.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Haven, Conn.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 526 E Chase St.

Cause of death, First, (Primary,) old age

Second, (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Int Carmel

Date of Burial, Nov 29/81

Undertaker, Fry & Rice

Place of Business, 511 N Broadway

G. W. Britton M. D.,
Medical Attendant.

Address, 511 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 33059

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Nicholson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* 7 *Days.*

Color, ~~Red~~

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Hostler

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number.} Shuter st No 17

Cause of Death, First, (Primary.) Old age Indigestion Inertia of bowels

Second, (Immediate.) Ephanstrin

Duration of Last Sickness, 4 weeks in bed.

All the above information should be furnished by the Physician.

Place of Burial, Shaft St cemetery

Date of Burial, Nov. 30 1881

Undertaker, W W madden

Place of Business, 280 Shore St

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Heyn

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, 82 *Years,* ~~8~~ *Months,* 18 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 389 W. Pratt St

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 30th 1881

W. H. Krueck M.D.
Medical Attendant.

Undertaker, Geo. Swinbeck

Place of Business, 389 W. Pratt St.

Address, 55 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53052

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 27- 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. [illegible]

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 490- W Fremont St.

Cause of Death, First, (Primary.) Cerebro-spinal Meningitis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Nov. 29~~ Western Cem

Date of Burial, Nov. 29

Undertaker, Walter Immel

Place of Business, 315 N. Biddle

[illegible] M.D.,
Medical Attendant.

Address, Corner Fremont & Lanvale

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th at 8 o'clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Blee

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 7 Leadenhall Street

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 7 Leadenhall Street

Cause of Death, First, (Primary,) found dead in bed

Second, (Immediate,) do not know cause

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 29th 1881

C. C. Richardson M. D.
Medical Attendant.

Undertaker, John Slacker

Place of Business, No 150 Saratoga *Address,* Lombard & Howard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53056

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Formerly Clerk N Cent. R R.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Penn.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 130 Pearl St. Baltimore, Md.

Cause of Death, First, (Primary.) Cirrhosis Liver. —

Second, (Immediate.) Hypostatic Pneumonia

Duration of Last Sickness, Several Days. —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Dec 1st 1881

Undertaker, John Mackin

Place of Business, No 150 Camden St

Harvey Smith, M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 13057

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcellus Nelson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Blk.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servt.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give street and number.} 25 Bolton adj.

Cause of Death, First, (Primary.) Typhoid Fever.

Second, (Immediate.)

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Wash. Co. Cemetery

Date of Burial, Nov 29th 1881

Undertaker, Sam'l W. Chase

Place of Business, Druid Hill Ave

J. S. Nicholson, M.D.,
Medical Attendant.

Address, Fay & Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALL OF REGISTRY NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1881 at 10 o'clock A. M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Brown

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* — *Months,* 17 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 174 Dock Street

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } 174 Dock Street

Cause of Death { First, (Primary,) — Second, (Immediate,) Congestive Fever

Duration of last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Nov. 30th 1881

Undertaker, [illegible]

Place of Business, 138 S. Howard St.

A. A. Richardson M. D.
Medical Attendant.

Address, Lombard & Howard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53059 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Delilah Haney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* 6 *Months,* 17 *Days.*

Color,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} 25 S. Monroe St

Cause of death, First, (Primary,) Senility —

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 30th

Undertaker, Wm P Poulees

Place of Business, 56 Frederick Ave

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53060 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Walton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany. (30 yrs. in U.S.)

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 15-9 Fort. Av.

Cause of death, First, (Primary,) Typhoid Fever.

Second, (Immediate,) Peritonitis. (Supposed perforation of Intestine)

Duration of Last Sickness, 9 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons Cem.

Date of Burial, Dec. 30

Undertaker, B. Healy

Place of Business, 62 West St

R. J. N. Tall M. D.,
Medical Attendant.

Address, 15-2 Shaw. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ...d out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICAT...

HEALTH DEPARTMENT NOV 29 1887 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Schneider

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, two *Years,* eight *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Poultney St. near Light St

Cause of Death { First, (Primary,) Dyptheria / Second, (Immediate,)

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Novemb. 30

Undertaker, B. Hark

Place of Business, 82 West St.

W. C. Landrock M. D.
Medical Attendant.

Address, 313 South Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 53064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Schneider

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Five *Years,* nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Poultney St. near Light

Cause of Death { First, (Primary,) Dysfutheria

Second, (Immediate,)

Duration of last Sickness, three days.

All the above Information should be furnished by the Physician.

Place of Burial, St. Kilians Cemetery

Date of Burial, Novem 30

Undertaker, B. Hurl

Place of Business, 42 West St

W. E. Sandrock M. D.
Medical Attendant.

Address, 313 South Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53063 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm A. Jones

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 4 . 4 . & 18.

Place of Death, { Give street and number. } 112 Battery av

Cause of death, First, (Primary,) —

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lauren Park Cemetery

Date of Burial, Novemb 30

Undertaker, B. Hurd

Place of Business, 92 West St.

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 530647

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
NOV 29 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28th Nov 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 94 Penna Ave -

Cause of Death, First, (Primary.)

Second, (Immediate.) Tuberculous Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 30th

Undertaker, C. H. Blizard

Place of Business, 96 Preston St

Jno. S. Davis M.D.,
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53065

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, NOV 29 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November November 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Huber

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 5 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Newark N. J.

Duration of Residence in the City of Baltimore, ~~2 years~~ 3 months

Place of Death, {Give street and number.} N^r 188 Mulberry St

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.) Croup.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov. 30th 1881

Henry Stalzer M.D.,
Medical Attendant.

{*Undertaker,* Ph. Seewald

{*Place of Business,* 35 S. Eutaw St *Address,* 163 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Schweitzer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 27 *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 463 Light Street

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Bronchitis

Duration of last Sickness, 4 to 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 30th 1881

D. J. Reinhart M. D.
Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M, J. C. DURANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 53067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29 1881

Full Name of Deceased, { Write legibly and correctly. If not named, give name of parents. } John M. Spencer

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow, Widower~~, { Cross out the word not required in this line. }

Occupation, Notion Merchant.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 64 Years

Place of Death, { Give street and number } 264 Fayette St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Thrombus of heart. Death instantaneous

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground

Date of Burial, Dec 1st 1881

Undertaker, Denny & Mitchell

Place of Business, ...

J. H. Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 91.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard A. Goldstrough

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} "

Age, 38. *Years,* " *Months,* " *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} "

Occupation, Conductor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Lifetime -

Place of Death, {Give street and number.} 75. West Biddle -

Cause of Death, {First (Primary,) Malaria

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 4 Months -

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 1st 1891

G A Morris *M. D.*
Medical Attendant.

Undertaker, H Lewis Schaefer

Place of Business, 109 n Fremont *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 53069

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daphne Coonish

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number.} No 210 Sticker Alley

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Inflamation of Liver

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30th 1881

Undertaker, Jos L. Forsa

Place of Business, 63 Parkin

C B F Baker M.D.,
Medical Attendant.

Address, Cor Bridge Hill & Pl

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Elizabeth Hankins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 3 *Months,* 19 *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 40 Richmond St

Cause of Death, First (Primary,) Premature birth

Second (Immediate.) Inanition

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30th 1881

Undertaker, John C. Jordan

Place of Business, 63 Patterson ave

J. L. Lindsay *M. D.*
Medical Attendant.

Address 167 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 53071

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Th. Trenchler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* *Days.*

Color, white

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clergyman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 303 Caution av.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec. 2nd 81

R. M. Mansfield *M.D.,*
Medical Attendant.

Undertaker, M. Hiance

Place of Business, 280 Caution ave *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 13072 — *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th. November 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Mueller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* *Days.*

Color. White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavary, Germany

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give street and number.} E. Lombard Street 343.

Cause of death, First, (Primary,) Hydro Thorax

Second, (Immediate,)

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec. 3 1881

Undertaker, H. Evans

Place of Business, 280 Canton Ave Address, S. Wolfert. 117.

William Hensel M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Rappelt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow Bavaria.

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germeny Baveria

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} No 151 South Wolf Street.

Cause of Death, First (Primary,) Apoplexia.

Second (Immediate,) ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec. 2 81

Dr. Charles Koerner M. D.
Medical Attendant.

Undertaker, M. Franc

Place of Business, 280 Conton Ave Address 210 214 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 53074

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 29, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Warfield

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, Nine Years (9 yrs)

Place of Death, {Give street and number.} S. W. Lombard & Cor Stockton

Cause of Death, First, (Primary.) Phthisis Pumonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Nov. 30 1881

Undertaker, J. B. Cook

Place of Business 707 W. Balto. St

J. Shelton Hill M.D.,

Medical Attendant.

Address, 432 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balti...

Permit No. 63075

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Fuller Richardson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* 17 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tinner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 1 —

Place of Death, {Give street and number.} 605 N. Lombard St.

Cause of Death, First, (Primary.) Accident. Fracture of Skull, Internal Injury

Second, (Immediate.) Internal Hemorrhage

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 1, 1881

J. B. S. Jordan M.D.,
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* 126 Mulberry St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 53076

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Chaney

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland ✓

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 323 W.c Henry st

Cause of Death First, (Primary,) Chronic Bright's disease

Second, (Immediate,) Pleurisy

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Dec. 1, 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

F. F. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53077 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva E. Butler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Seven *Years,* Ten *Months,* Twenty seven *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} Frederick Ave; near Monroe St

Cause of Death, First, (Primary,) "Scarlet Fever"

Second, (Immediate) Albuminuria

Duration of Last Sickness, I believe about four weeks I did not see her until about 6 days before death

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cemetery

Date of Burial, Nov. 30th 1881

Undertaker, J. B. Blackston

Place of Business, 22 S Leary St *Address,*

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, SEX, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53078

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Years, 4 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 95 Gordmans alley

Cause of Death, {First (Primary,) Second (Immediate,)} Diphtheria

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, Dec 1st 1881

Theodore Krotz M.D.
Medical Attendant.

Undertaker, C F. Krause

Place of Business, 209 Hanover

Address 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53079 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Carter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, cd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 49 S. Stockton alley

Cause of death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30th 1881

Undertaker, Wm J. Gray

Place of Business,

James A. Stewart M. D.,

~~Medical Examiner.~~

Address, Commissioners Health Rooms

Del M Shaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by C. E. Brown Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Elvira N. Bames,

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 313 N. Howard st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 11 years

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 1st 1881

J. L. Ingle M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw st

Address 247 Lemmon st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 53081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Landon

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 60 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Captain of a Sailing Vessel

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 44 Henrietta St.

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Chronic Bronchites

Duration of last Sickness, Several years

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Wednesday Nov. 30 D. J. Reinhart M. D.

Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St Address, 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 21.]

Board of Health, City of Baltimore,

Permit No. 58182 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29/81 (Coroner)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm W Cutkin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 24 E Fremont

Cause of death, First, (Primary,)

Second, (Immediate,) Membr croup

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 1st 1881

Undertaker, Chas T Scriven

Place of Business, 2708 Eastern Av

I H Patterson *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53083 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winfield Scott Hancock McIntosh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 14 *Months,* *Days.*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} cor Cathedral & Federal

Cause of death, First, (Primary,) congestion of lungs

Second, (Immediate,) convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Hampden

Date of Burial, Dec 1st 1881

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H Taylor

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 40 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hostler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia 18 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 93 Oxford St

Cause of Death { First, (Primary.) Interstitial Hepatitis
Second, (Immediate.)

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 1881

Undertaker, Alex Hennessy

Place of Business, [illegible]

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 53085 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Ross.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about Thirty five *Years,* *Months,* *Days.*

Colored

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County

Duration of Residence in the City of Baltimore, about Four years.

Place of Death, {Give street and number.} No 13 Hunter St.

Cause of death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, November 29

Undertaker, Patrick Mullin

Place of Business,

Walter R. Way M. D.,
Medical Attendant.

Address, 3 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53086

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Westling

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} 26 N Gilbert St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 1-1881

Undertaker, F. McTolle

Place of Business, 31 Hanover St

H Kuhns M.D.,

Medical Attendant.

Address, N Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore,

Permit No. 23087 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Price

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, c a

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 207 Hamburg St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Public Cem

Date of Burial, Nov 30 - 1881

Undertaker, F A Kerchner

Place of Business,

James A Stuart M. D.,
Medical Attendant.

Address, Commissioners Board of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

C & J Schutte & Neumeyer

Permit No. 53088 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nick Dwyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* —— *Months,* —— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 27 Mason Alley

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) 4 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial W. P. Cemetery

Date of Burial, Nov 28th 1881

Undertaker, Jno. A. Kirchner

Place of Business, 50 S. Carrollton Av

James A. Stewart M. D.,

Address, Commissioner of Health

Registrar of Vital Statistics

Examined by Jno. L. Browne Sanitary Inspector

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis J Ostendorf

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 11 *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number} 120 Saratoga St

Cause of Death { First, (Primary,) Bright Kidney disease
Second, (Immediate,) do

Duration of last Sickness, Ill about 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chu

Date of Burial, Nov 29

Wm Hammond M. D.
Medical Attendant.

Undertaker, H Bowman

Place of Business, 45 Eutaw St *Address,* 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 53090 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE

Date of Death, November 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 5/4 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mecklenburg Schwerin — Germany.

Duration of Residence in the City of Baltimore, four hours.

Place of Death, {Give street and number.} Locust Point — 8 Towson Street.

Cause of death, First, (Primary,) Gastroenteritis

Second, (Immediate,) Atrophie.

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 30. 1881

Undertaker, Henry Lauden

Place of Business, 202 Caution Ave. *Address,* North German Lloyd Ship. Braunschweig

Dr Schaff. *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53091 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Knorr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden Baden Germany

Duration of Residence in the City of Baltimore, 65 Years.

Place of Death, {Give street and number.} 68 N. Fremont St.

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Barne Brand Cemetery

Date of Burial, 1st Dec. 1881

Undertaker, Mrs P. Lummer

Place of Business, 317 Mulberry St *Address,* 384 W. Lombard St

H. L. Green M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53092

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Ulbrich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 82 Dallas St

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Cem.

Date of Burial, Dec. 1 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

Nicholas L. Dallam M.D.,
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53093

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Stern

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White.

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany. 40 years.

Duration of Residence in the City of Baltimore, 166 S. Bond St.

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Apoplexy.

Second, (Immediate.)

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Hebrew Cemetery

Date of Burial, Dec 1st 1881

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

A. St. Erich M.D.,
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53094

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 8[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Echo

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Eastern Avenue near Bethel St.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Hemorrhage, Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, F. German United Cemetery

Date of Burial, Dec'r 4th 1881

James J. Shane *M.D.,*
Medical Attendant.

Undertaker, Wm. Nicolaus

Place of Business, 253 Alice Anna St. *Address,* 854 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Walker

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 102 Fredk ave

Cause of Death First, (Primary,) Gastro enteritis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 1st 1881

Undertaker, Jno P Paulus

Place of Business, 66 Fredk ave

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53096

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hasselbinger

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 8 *Months,* 2 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} # 270 So. Charles St

Cause of Death, First, (Primary.) Intemperance,

Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemet

Date of Burial, Dezember 1

Undertaker, B. Mark

Place of Business, 82 West

L. A. Bell M.D.,

~~Medical Attendant~~ Coroner 2d Dist

Address, 161 So Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33097 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE

Date of Death, November 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew C. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two (2) *Years,* one (1) *Months,* twenty (20) *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always lived in Balt

Place of Death, {Give street and Number.} No 18 Raborg St.

Cause of Death, First, (Primary,) Cholera Infantum and Scrofula

Second, (Immediate,) Convulsions

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec. 2 1881

Undertaker, A. H. Chase

Place of Business, 136 Howard *Address,*

E. B. Finney *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 33098

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 81.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm J. Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 8 Allen St

Cause of Death, First, (Primary.) (2) Oedema of Lungs

Second, (Immediate.) (1) Mosbus Brightii

Duration of Last Sickness, Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount -

Date of Burial, Dec 1st 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Geo. Fulton M.D.,
Medical Attendant.

Address, 125 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33099 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE

Date of Death, Nov 30/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Landigan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 Yrs

Place of Death, {Give street and number.} 19 Bushleto

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonal

Duration of Last Sickness, 19 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 1 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Jno D Blake M. D.,
Medical Attendant.

Address, 168 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53100 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Morning Nov. 30th 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Evans

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 3 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, Almost Months

Place of Death, { Give street and number. } # 156 E. Monument St.

Cause of death, First, (Primary,) Marasmus,

Second, (Immediate,) Asthma

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem.

Date of Burial, December 1st, 1881.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 13101 *Office of Registrar of Vital Statistics.* Ward 18 21

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Bidinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 78 Booth St

Cause of death, First, (Primary,) Congestion of Brain

Second, (Immediate,) .....

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsas Cem.

Date of Burial, Dec 2: 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

W. Krauser M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 53102

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Daiber

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 83 *Years,* —— *Months;* ..... *Days.*

Color, white

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, housework

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} N° 23 Register St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) the same

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec. 2nd 1881

Henry Salter M.D.,
Medical Attendant.

Undertaker, Leonard Ritz

Place of Business, 129½ S. Broadway *Address,* 167 W Lanvale St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53103

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Taylor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 41½ S. Carolina St

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Dec 1st 1881

Undertaker, Wm H Madden

Place of Business, ~~228~~ Chew St

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53104

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Storekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Abt 28 Years

Place of Death, {Give street and number.} 93 Bank Street

Cause of Death, First, (Primary.) 1 Heart Disease

Second, (Immediate.) 2

3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 3rd 81

Undertaker, M. Franc

Place of Business, 28 Canton Ave

Chas. Mayer M.D.,
Coroner 2d
Medical Attendant.

Address, 67 E Baltimore Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53105

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 30, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Cullemore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* - *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} Park and Lexington Sts

Cause of Death, First, (Primary.) Indigestion.

Second, (Immediate.) Convulsions.

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Dec 2nd 1881

W. P. Morgan M.D.,
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave *Address,* 1197 Fremont St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Frederick,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1/2 *Years,* *Months,* *Days.*

Color, Blk *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, City Missionary

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 years,

Place of Death, {Give street and number.} 11 Lambert st.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Dec 1st 1881

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St.

J. L. Ingle M. D.
Medical Attendant.

Address 247 Lawalest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT Dec 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th November, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gibney.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 Years, none Months, ~~Days.~~

Color, White Sex, Male.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} 84 Richmond St.

Cause of Death, First (Primary,) Brights disease.
Second (Immediate,)

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Dec 2/81

Undertaker, Leopold & Maurer

Place of Business 38 Park Ave

Geo. J. Collins M. D.
Medical Attendant.

Address Richmond St. & Park Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 53108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie H. Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, Four *Years,* Nine *Months,* Seventeen *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} #202 Barre St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, One day Est a half

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec. 2nd 1881

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St.

J. Tyler Smith M. D.
Medical Attendant.

Address, 221 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 9

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53109

HEALTH DEPARTMENT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha B. Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* Twenty four *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 202 Barre St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Four & a half days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 2nd 1881

Undertaker, Wm. J. Tuckman

Place of Business, 65 S. Eutaw

J. Dyke Jones M. D.
Medical Attendant

Address, 221 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53110 *Office of Registrar of Vital Statistics.* Ward 7 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Cherry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 106 Mulberry n-

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 1 1881

Undertaker, William H Dingee

Place of Business, 62 East St

Wm L Russell M. D.,
Medical Attendant.

Address, 238 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53111 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Nov 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex & Sarah Evens (parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 11 Booth St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 11 Booth St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Lowel Cemetery

Date of Burial, December 1. 1881

Undertaker, William H Dugee

Place of Business, 62 East St

Chas Warner M. D.,
Medical Attendant.

Address, Fulton & Townsend Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53112 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Nelson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Groom

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} ~~At~~ Res 16 Tyson St

Cause of death, First, (Primary,) Natural cause

Second, (Immediate,) Apoplexy probably

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 1. 1881

Undertaker, William H Dingee

Place of Business, 62 East St

Edmund R Walker M. D.,
~~Medical Attendant.~~

Address, Govans Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53113

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1881 BALTIMORE, MD.

Date of Death, 30 Nov 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lurtz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germanie,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} asylum of the Little Sisters of the Poor Cor John and Valley Streets

Cause of Death. First, (Primary.) General debility old age

Second, (Immediate.)

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cimetery

Date of Burial, 2nd Dec 1881

Undertaker, H. Schultheis

Place of Business,

Wm Brooke Boyle M.D.,

Medical Attendant.

Address, Calvert & Eager Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53114

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED DEC 1 1881 BALTIMORE, MD.

Permit No. 53114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th November 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brathompson,

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 39 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married,

Occupation, Merchant,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 169 North Charles St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Exhaustion,

Duration of last Sickness, Several Years (Last Sickness 4 days.)

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Dec 3rd 1881

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St

C. J. Jones M. D.
Medical Attendant.

Address, 530 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balti...

Permit No. 53115

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Stabb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 10 *Months,* 2 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 57 Cookery st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 2 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 22 Jackson Place

Thomas D. Evans M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53116 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Hellhouse

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 147 Hanburg st

Cause of death, First, (Primary,) Debility

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Dec 2d 1881

Undertaker, Smith & Dunn

Place of Business, 263 Gay st *Address,* 57 Barre

H. W. Webster M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53117 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate J. Kelly

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 14 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 18 E. High St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Uremia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brea cemetery

Date of Burial, Dec 22 1881

Undertaker, James P Byrne

Place of Business, No 63 So Front *Address,*

A. B. Arnold M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55118 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec'r 2.nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Richardson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Student at Eaton & Bennetts Business College

Birthplace, {State or country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2½ months

Place of Death, {Give street and Number.} 56 S. Paca Street

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Perforation

Duration of Last Sickness, twenty four days

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co. Va.

Date of Burial, Dec. 3rd 1881

Undertaker, Wm. J. Tiefenn

Place of Business, 65 S. Eutaw St. *Address,*

E. B. Finney M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans. 2 of 22

Board of Health, City of Baltimore,

Permit No. 53119

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Haffner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 yrs. (about) *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} City Hospital Cor. Calvert Saratoga Sts

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cemetary

Date of Burial, Dec 2nd 1881

Undertaker, Elisha Cox

Place of Business, 814 & 816 Bank St *Address,* City Hospital

J. E. Hill *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53120

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cordelia R. Riddick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* 25 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 125 S. Carlin

Cause of Death, First, (Primary.) Diphtheria Maligna

Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Dec 2 nd 1881

Undertaker, Thos J Locke

Place of Business, #178 Jefferson

R. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Tom. = 2 4 203

Board of Health, City of Baltimore, 6

Permit No. 53121 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Anfang

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Darmstadt - Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 345 Orleans St.

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of Last Sickness, 6 or 7 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus 6 emetery

Date of Burial, 2nd of December

J. Heelbenberg, M. D.,
Medical Attendant.

Undertaker, Ambrose Kahler

Place of Business, 244 E Lombard *Address,* 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53122 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maxydalena Plath

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* Three *Months,* Eighteen *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} No 335 Augusta St

Cause of death, First, (Primary,) Catarrh Acute (nasal & pulmonary)

Second, (Immediate,) Suffocation

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ch

Date of Burial, December 2nd 81

Undertaker, Henry Hoch & Son

Place of Business, 269 N. Eutaw St

Walter R. Way M. D.,
Medical Attendant.

Address, 3 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53123 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Spriggs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months.* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 53 S. Dallas St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Nine month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, December 2nd

Undertaker, Chas. F. White

Place of Business, 35 S. Gramby St *Address,* 137 Orleans St

I G Guff. *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53124

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

(Received) DEPARTMENT OF HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. R. Larimer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 318 Gold St

Cause of Death, First, (Primary.) Pseudo membranous Croup

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec. 2nd 1881

Undertaker, Wm. H. Heckman

Place of Business, 234 N. Gay St. *Address,* 15 Lee Gwen Av

E. H. Cullen M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 27125 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada M Zaecha

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 7 *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~——~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 213 Scott St.

Cause of death, First, (Primary,) Pthisis

Second, (Immediate,)

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 3' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. L. Lucas M. D.,

Medical Attendant.

Address, 329 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 53126 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bias & Perry Filgruman (Parents)

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 5 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 261 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cemetery

Date of Burial, Dec 2nd 1881

James A. Stewart M. D.,

Medical Attendant

Undertaker, Hercules Ross

Place of Business, Conway St Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Per M Shaw

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

Exam by John E. Verdrig

Board of Health, City of Baltimore,

Permit No. 53127

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Arine Elizabeth Brandt

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 8 *Days.*

Color, Blk.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, till death

Place of Death, {Give street and number.} 52 1/2 Rebecca St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 1881

Undertaker, Geo H Perkins Jr

Place of Business, 130 Henrietta

Herbert Harlan M.D.,
Medical Attendant.

Address, Balto. Gen. Disp.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 2 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Mathejs

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty-seven *Years,* ten *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number} 75 Wyeth St

Cause of Death {First, (Primary,) Typhoid Malarial fever
Second, (Immediate,) Asthenia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dezember 3. 1881

Undertaker, Philipp J. Dill

Place of Business, 183. Columbia Ave

Wm Gonder M. D.
Medical Attendant.

Address, 700 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 2 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 2 December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Gettier

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, About 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 29 W Bridale St.

Cause of Death First, (Primary,) Cardiac Disease

Second, (Immediate,) Adema of lungs

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4th 1881

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

Marbury Brown M. D.
Medical Attendant.

Address, 64 N. Bullock St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53130 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 2 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 1, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Sip

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 15 *Years,* — 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore - Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 290 Md Henry St

Cause of death, First, (Primary,) consumption of lungs

Second, (Immediate,) Asthenia

Duration of Last Sickness, About 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 4th 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 215 Carrollton Avenue

John D. King *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 2 1881, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 1, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Selina R. Bunt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* F.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 254 David Hill Ave

Cause of Death, First (Primary,)

Second (Immediate,) Septicaemia

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 3rd 1881

W. T. Howard M. D.
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 111 E Baltimore *Address* 181 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53132 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 2 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 1. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, Dec 2 1881

Undertaker, Geo Sheehan

Place of Business 156 Division St

Marbury Brown M. D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53133

HEALTH DEPARTMENT
DEC 2 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Wilhelmina Poole

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 80 — *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number} 245 E. Fayette St

Cause of Death, First, (Primary,) Chronic inf. Chron. Bronchitis
Second, (Immediate,) Renal Asthma

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 3rd 1881

Chas. W. Johnston M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 58134

Office of Registrar of Vital Statistics,

HEALTH DEPARTMENT
DEC 2 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 ½ yrs

Place of Death, {Give street and number.} 104 Tyson st

Cause of Death, First, (Primary.) Pertussis ch Diarrhea

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Some two months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 3d 1881

Undertaker, A L Cronin

Place of Business, 63 Park Ave,

C B Gamble M.D.,
Medical Attendant.

Address, 57 Carlton Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Board of Health, City of Baltimore.

Permit No. 33151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, DEC 23 1881, BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos. H. Hoffman

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Retired

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 313 Hollins St

Cause of Death, First (Primary,) His death was sudden, most probably

Second (Immediate,) from Heart Thrombus

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 4 " 1881

Undertaker, Denny & Mitchell

Place of Business, 600 W Fayette

Wm M Kemp M.D.
Medical Attendant.

Address, 55 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53136 *Office of Registrar of Vital Statistics.* Ward 10 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ault

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Toronto Canada

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give street and number.} 86 Saratoga

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Niagara Falls

Date of Burial, Dec 5

Undertaker, Edward Ware

Place of Business, 358 Pratt

H. W. Webster M. D.,
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Transit Permit No. 2424

Board of Health, City of Baltimore.

Permit No. 53137 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec - 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Moody

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months.* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Burgundy Alley

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, Dec 3

Undertaker, H. Ross

Place of Business, 95 Conway St

C. C. Bruce M. D.,
Medical Attendant.

Address, 202 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 53158

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred ~~Schmidt~~ (Smith)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 22 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} n.w. cor Fenwick & Parish

Cause of Death, First, (Primary.) Diphteria.

Second, (Immediate.) Thrombosis.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 3d

Undertaker, Wm. Hausammann

Place of Business, Mulberry St near Fremont

Henry Baker M.D.,
Medical Attendant.

Address, 167 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53139 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Junius J. Herckom

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore, 30 yrs ~~~

Place of Death, {Give street and Number.} 139 N. Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 4th 1881

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry St *Address,*

James A. Stuart M. D.,

Medical Attendant.

Com. J. Hunt Registrar

Deputy Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

53.

#53139

Died Dec. 1st. 1881

Simon Herckorn

Male -

37 years

White — Married

Cigar Maker

Germany, Born in,

Resident of Balto. 30 yrs.

139 N. Howard St.

Phthisis Pulmonalis.

Sick About 2 months.

Place of Burial

St Alphonsus Cemetery

Date of Burial Dec 4. 1881

L. Rosenberger

& Co Undertakers

Undertaker

Eldridge C. Price M.D.

Attending Physician

262 Madison Ave.

See following Certificate

Board of Health, City of Baltimore,

Permit No. 53140 *Office of Registrar of Vital Statistics.* Ward 25th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Schillinger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months.* — *Days.*

Color, Colith

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number.} 156 Eastern Ave

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Evangelica Cemetery

Date of Burial, Decbr 4th 1881

Undertaker, Henry Sander

Place of Business, 232 Eastern Ave

C. W. Silver M. D., Medical Attendant.

Address, 174 S. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53141 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d day of Decbr 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schutt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hildesheim, germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 S. Bond Str.

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Dec 5. 1881

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,*

Fred. Hoffs. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 3114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie B. Butcher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7 E. Church St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, Dec. 4th 1881

Undertaker, C. F. Krause

Place of Business,

By Theodore Cook M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53143 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice C Vinyard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 27 Parsons Ct

Cause of death, First, (Primary,) —

Second, (Immediate,) Inflammation Meningites

Duration of Last Sickness, 2½ weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 4th 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St. *Address,* 16 S Paca

Wm D Blake M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Schaefer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* — *Days.*

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, At his parents

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 643, W. Baltimore Strt.

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem. *Date of Burial,* Dec. 4' 1881

Morris Steiner M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 N. Balto. St *Address* 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 53145 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. West

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Years, 1 6 Months, 1 6 Days.

Color,

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 4 Eich St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist

Date of Burial, Dec 4th 1881

Geo. W. Lueke M.D.,
Medical Attendant.

Undertaker, Henry Hoeck & Son

Place of Business, 30 E. N. Central Av *Address,* 128 Paca Av.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aloysius Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 300 Alice ann St.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 196 Canton ave. cor Dallas

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.) Infantile Marasmus

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, December 3rd

Undertaker, Wendell Lippel

Place of Business, S. Bond. 151

C. A. Dohme M.D.,
Medical Attendant.

Address, 86 E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53147

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Brone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wrecker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number.} 6 Patapsco St

Cause of Death, First, (Primary.) 2 Suicide by hanging

Second, (Immediate.)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Dec. 4/81

Undertaker, M A Sanger

Place of Business, 14 S Bdwy

Chas M. Morfit M.D.,
Medical Attendant.

Corner Co.

Address, 67 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53148 *Office of Registrar of Vital Statistics.* Ward 3 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Edwin McThomas

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. W. cor. Balt. & Sharp Sts

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec. 3 / 81

Undertaker, M A Bauer

Place of Business, 74 S. Bway

G. G. Luck M. D.,
Medical Attendant.

Address, Balt & Hal. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53149 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30, 1881

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael McLean

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age Forty Nine *Years.* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow,*~~ *or Widower* {Cross out the word not required in this line.} Widower

Occupation, Ex-Police Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No. 76 Lancaster St.

Cause of death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec. 3/81

Undertaker, M A Bailey

Place of Business, 74 S Bway

Wm. H. Clendinen, M. D., Medical Attendant.

Address, No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in [redacted] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Bell

Sex, Male or [redacted], {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

[redacted], Single, [redacted], {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number} No. 3 Ach 88.

Cause of Death First, (Primary,) Faryngitis and Trachelitis.

Second, (Immediate,) Convulsions.

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3- 1881

Undertaker, Wm Madden

Place of Business, 280 Chew St

J. H. Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53151 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec, 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Henry W. Johnson

Sex, Male or Female, {Cross out the word not required in thie line.} Man

Age, 25 *Years,* 2 *Months,* — *Days.*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross ont the word not reqnired in this line.}

Occupation, Butter Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Herford Egnard, Carolina B.

Duration of Residence in the City of Baltimore, 13yrs

Place of Death, {Give street and number.} 346 E. Eager St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Park

Date of Burial, Dec 4 81

Undertaker, Fryer

Place of Business, 81 N Broadway *Address,* 51 N. Broadway

E. D. Bruton *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Barkley Mathews

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, Caucasian *Sex,* as above

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 200 W Hoffman St

Cause of Death, First (Primary,) Typhoid Fever (or Nervous)

Second (Immediate,) Nervous Prostration.

Duration of Last Sickness, About 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Dec 4/81

J. Randolph Page M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53153

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Hoddinott

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Bell Hanger

Birthplace, { State or Country and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 63 years

Place of Death, { Give street and number. } 358 Mt Clebert

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.) " "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 4th 81

Undertaker, F Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 39 St Cary

John Opie M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53157

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December, 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Natie. Rice.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 78 Johnston. Street.

Cause of Death, First, (Primary,) Diphtheria. "Malig."

Second, (Immediate,)

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem.

Date of Burial, Decem. 3rd 81"

Undertaker, B. L. Harle

Place of Business, Pratt. Str.

J. O. Harrington M. D.
Medical Attendant.

Address, 339 Light. Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{OVER.}

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Rice.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 78 Johnston Pl.

Place of Death, {Give street and number}

Cause of Death, First, (Primary.) Diphtheria "Malig"

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 4th 81

Undertaker, B. Earle.

Place of Business, 82 West. St.

J. V. Stonington M. D.
Medical Attendant.

Address, 359 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GEO. J. DOLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53156

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Chandler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bolton, Eng

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number.} 43 Stockton St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) "

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 3rd 1881

Undertaker, Wm E. Chenowith

Place of Business, 836 Pennsylvania Ave

J. H. Christian *M.D.,*

Medical Attendant.

Address, 43 Stockton St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53157 *Office of Registrar of Vital Statistics.* Ward 10 11/6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

Date of Death, December 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Shelton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty Seven *Years,* — *Months,* — *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Bar Tender

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number.} No 76 1/2 Mulberry Street

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery.

Date of Burial, Dec 3.

Undertaker, W J Gross

Place of Business, 63 Mulberry St

Whitfield Winsey *M. D.,*
Medical Attendant.

Address, 116 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53158

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2 / 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Krauss (Mother Hazel)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 66 Pearl St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 66 Pearl St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Colic

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 3/81

Undertaker, Fred'k A Kirchner

Place of Business, 50 & Carrollton Ave *Address,* .....

Alexander Tinsley M.D.,
Medical Attendant.

Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53159

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelly Bell Neal

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 16 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 51 Baltimore

Duration of Residence in the City of Baltimore, 1 year 16 days

Place of Death, {Give street and number.} 51 Wheatsheaf

Cause of Death, {First (Primary,) Second (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec

Undertaker, C H Bond

Place of Business, 2 [illegible] Ave

G F Adams *M. D.*
Medical Attendant.

Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 53160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Carr.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Cook.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co, Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 2 Shields Alley

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) "

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Dec 3rd 1881

Undertaker, Geo. W. Chase

Place of Business, 198 E. Howard St

Arthur L Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53161 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 4 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, December 1st. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Hemming

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 20 N. Lombard St.

Cause of death, First, (Primary,) Metritis Menorhagia

Second, (Immediate,) Gastric Fever

Duration of Last Sickness, Was called Oct. 31st. Sick sometime Previous to my being called

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 4th 1881

Undertaker, Jno H. Weaver & Co

Place of Business, X 22 West Fayette St *Address,* 299 E Baltimore St.

James E. Donnelly M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 53162

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

Date of Death, Dec. 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leo Flaunery

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 65 S. Arlington Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 65 S. Arlington Ave

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Dec. 4' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

F. T. Benson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53163

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Collins

~~*Sex,*~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion ✓

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec. 4th-81.

Undertaker, J. B. Cook

Place of Business, 707 N. Balt. St.

J. E. Hill *M.D.,*

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 53164 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 4 1881 BALTIMORE

Date of Death, Dec 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Brooks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 172 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 5th 1881

Undertaker, Wendel Dispert

Place of Business, S. Bond St

James H. Hunt M. D.,
~~Medical Attendant.~~

Address, Comm of Health

~~Coroner~~

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by Geo. E. Taylor S. Jr

Permit No. 53165

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Eiby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 107 Lancaster St.

Cause of Death, First, (Primary.) Cyanosis

Second, (Immediate.)

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 4 th 81

Undertaker, W. France

Place of Business, 280 Eastern Ave

L. W. Mansfield *M.D.,*
Medical Attendant.

Address, 107 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53166

Office of Registrar of Vital Statistics,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Huber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* 9 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Newark N.J.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No 188 Mulberry St.

Cause of Death, First, (Primary.) Diphteria.

Second, (Immediate.) Collapsus.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 4th 1881

Undertaker, M. Seward

Place of Business, 35 S. Eutaw St

Wm Salzer M.D.,
Medical Attendant.

Address, 163 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 4 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Newkirk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Hudson St

Cause of Death, { First (Primary,) ... Second (Immediate,) Spasm Convulsions

Duration of Last Sickness,

The above information should be furnished by the Physician.

Place of Burial, Mt Carmal Cemetery

Date of Burial, December 4th

Undertaker, Charles H. Locks

Residence, 78 Jefferson St *Address*

M. D.
Medical Attendant.

Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...rther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...d during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 3 4 1881 BALTIMORE

Date of Death, Dec 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Deidriana

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 70 Lee St

Cause of Death, First (Primary,) ....

Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, Dec. 4th 1881

Undertaker, C. F. Krause

Place of Business,

Theodore Cook M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53169 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanford County Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Cor Eager & Chapel St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 3 1881

Undertaker, Abram Hayman

Place of Business, 13 Saratoga St

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53170 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1891 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 2. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Brooke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 51 Davis alley

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 3 1891

Undertaker, H Nast

Place of Business, [redacted] Baltimore

W S Booze M. D.,
Medical Attendant.

Address, 202 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53171 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1881 BALTIMORE.

Date of Death, December 2nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. E. Bell,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 17 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} No 8 S. Wharf Coal Yd

Cause of death, First, (Primary,) Diptheria.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4th 1881

Undertaker, J. E. Bonsall & Co

Place of Business, 320 Penna Ave

H. Pickerly, M. D.,
Medical Attendant.

Address, 320 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No.

Board of Health, City of Baltimore,

Permit No. 53172

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1881 HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Williams

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ~~ Years, ~~ Months, 2 Days.

Color, C

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Parish alley

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number }Ument alley. No 12

Cause of Death, First, (Primary,) Exfoliation Bronchitis

Second, (Immediate,)

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 4th 1881

Undertaker, J. E. Monaghan

Place of Business, 320 Penna Ave

G. W. Morris M. D.
Medical Attendant.

Address, E. Shuckers Funeral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[0742.]

Board of Health, City of Baltimore,

Permit No. 53173 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bundge

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S E Spring or

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) D. Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4

Undertaker, Joseph B Cook

Place of Business 7 or West Fayette

F. Albaine M. D.,
Medical Attendant.

Address, 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 53174

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT
DEC 1
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Philips

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* —— *Months,* —— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give street and number.} 420 S. Charles St

Cause of Death, {First (Primary.) ; Second (Immediate.)} Phthisis

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 5th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

Andrew Cotte M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53175

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ca. Eva Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* 23 *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} McDonough st 275 ✓

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Simerton

Date of Burial, December 3 [illegible]

Undertaker, Charles A White

Place of Business, 35 Granby st

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eyeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53176 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Meber.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 332 Sharp St.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria.

Duration of Last Sickness, 12 days,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 4th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 182 Sharp St

R. J. N. Tull M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53177

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Dec 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J Tibbles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} Married

Occupation, Upholsterer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 214 Pierce St

Cause of Death, First, (Primary.) Valvular Disease of Heart

Second, (Immediate.) " " "

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 4/1881

Undertaker, Mr Meares

Place of Business, Eutaw St Cor Madison *Address,* 89 W Camy

Thos Opie M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53178 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bertha Kouch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 184 S. Ann St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Grun Mt. Cemetery

Date of Burial, Dec 4 1881

Undertaker, M F. Curran

Place of Business, 58 S. Broadway

James E Donnelly M. D.,
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53179 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty eight *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington, D.C., Forty (40) years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 321 East Monument St.

Cause of death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Dec 5/81

Undertaker, Fry & Bro

Place of Business, 81 & Broadway

Wm. H. Clendinen, M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53180 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Carr

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* 3 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 149 Williams St

Cause of death, First, (Primary,) ~~Anemia~~

Second, (Immediate,) Anemia & Valv. disease of heart

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 5th

Undertaker, B. Hurle

Place of Business, No. 82 West st

L Tilden M. D.,
Medical Attendant.

Address, 154 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} otto Kalubski

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... Years, 20 Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 20 months

Place of Death, {Give street and number} 128 Fort Ave

Cause of Death { First, (Primary,) Diphtheria (Malignant)
Second, (Immediate,) Congestion of Kidneys

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, Nov 5th

Undertaker, B. Hark

Place of Business, No. 62 West St. Address, 928 Light St.

Robert S. Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec ~~December~~ 2nd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie Virginia Parks.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 2 yrs 4 months 23 days

Place of Death, {Give street and number} 103 Goodman Alley

Cause of Death { First, (Primary,) Malignant Diphtheria
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Dec 5th

Robert S. Rowe M. D.
Medical Attendant.

Undertaker, B. Harlan

Place of Business, No. 82 West street *Address,* 323 Light Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1889.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reginal Schneider

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* five *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Pontiney St

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Aspenases Cemetery

Date of Burial, Dez 5th

Undertaker, B. Hoole

Place of Business, No. 82 West st

W. C. Sandrock M. D.
Medical Attendant.

Address, 313 South Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53184

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2d December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Latty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 10 *Months,* 17 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Fireman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 126 S. Conway St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Tubercular consumption

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 4 1881

Undertaker, S. W. Clare

Place of Business, 19 Howard

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St.

L. D DYER M D

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33185

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Reilley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty Years ✓

Place of Death, {Give street and number.} 39 N. Poppleton st

Cause of Death, First, (Primary.) Nervous Prostration

Second. (Immediate.) Asthenia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Dec. 3' 1881

E. Meierhoff. M.D.,
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St, *Address,* 427 N. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53186

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 d Dec. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Bolander

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No number = Fort avenue & Jackson st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 4

Undertaker, B. Harle

Place of Business, 82 West St.

Augustus M. Dodge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53187

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC 5 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 4th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Magraw

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 7 months (lately)

Place of Death, {Give street and number.} 129 Townsend St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Bronchitis

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 6

Undertaker, C M Blizzard

Place of Business, 901 Penn av

D. W. Owings **M.D.,**

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Francis Gelwicks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5 Whatcoat St No 15

Cause of Death, First (Primary,) Congestion of the Lungs

Second (Immediate,) Apnoea

Duration of Last Sickness, Death sudden

All the above information should be furnished by the Physician.

Place of Burial, Fredrick Md

Date of Burial, Dec 6

D. G. Sparrow M. D.
Medical Attendant.

Undertaker, C. A. Blizzard

Place of Business, Holliday

Address No 427 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2425 Frances

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Williams

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. Co.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Morris Alley bet. Franklin & Saratoga

Cause of Death { First, (Primary,) Brain Fever

{ Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lemuel Cemetery

Date of Burial, Dec 5 1881

Undertaker, William Bourne

Place of Business, No 62 East St *Address,* [illegible]

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53190. *Office of Registrar of Vital Statistics.* Ward 9 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius Bonni Bovard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, S

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 52 N. Calvert St

Cause of death, First, (Primary,) Umbilical Hernia, Intussusception, Ulceration

Second, (Immediate,) Intestine, Peritonitis, Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 5th 1881

Undertaker, Jno H Weaver

Place of Business, 422 W Fayette St *Address* N. E. Cor Calvert & Monument Sts

Geo Keyser M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53191

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gates

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} 8 [redacted] Willow Ct

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, ~~4 hours~~ (4) days

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg Cemetery

Date of Burial, Dec 5 1881

Undertaker, Alf Hensley

Place of Business, 460 Brandt

W W Nations M.D.,
Medical Attendant.

Address, 492 Franklin st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 5 1891 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 4. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agusta Hafferman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 3 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 20. Years

Place of Death, {Give street and number.} 56. S. Howard

Cause of Death, First (Primary,) ; Second (Immediate,) Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 6th

Undertaker, John Teufel.

Place of Business, 796 W. Balto. St.

Herman Cordes M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53193 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis D Bridgson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

~~Color~~,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 406 E. Eager St.

Cause of death, First, (Primary,) Diphtheria about three weeks since followed by Slight paralysis

Second, (Immediate,) Heart clot.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 5th

Undertaker, Geo Schilling

Place of Business,

W. W. White, M. D.,
Medical Attendant.

Address, 347 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. Horace W. Wayne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* M.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Book-keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 114 E. Townsend st.

Cause of Death, First (Primary,) Cardiac Dilatation

Second (Immediate,) Malnutrition

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 6th

Undertaker, Geo Schilling

Place of Business, Ashland Square

J. L. Ryle M. D.
Medical Attendant.

Address 247 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 53195

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Holz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 47 *Years,* ~~Months~~, ~~Days~~.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~ 17 years ~

Place of Death, {Give street and number.} No 26 Shakespeare st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, ~ 5 days ~

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery.

Date of Burial, December the 5th;

Undertaker, Fred Gaede.

Place of Business, 29 S. Caroline st

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53196

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Vaughan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* 7 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 7 Weeks

Place of Death, {Give street and number.} 35 Whatcoat St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) "

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 6th 1881

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street *Address,*

J W Christian *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Scroggs

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 36 Greenmount Ave

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Premature Birth

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 5th 1881

Undertaker, Jno P Byrne

Place of Business, Front St near Low

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hester Catherine Warren

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, "Colored"

Married, Single, Widow, or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number } No. 67 Mulberry St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption.

Duration of last Sickness, Eighteen (18) Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5th 1881

Louis B. Knight M. D.
Medical Attendant.

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St *Address,* 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 53199

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Billups

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 51 *Years,* X *Months,* X *Days.*

Color, ~~a~~ d

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 11 S. Bethel St

Cause of Death, First, (Primary,) Morbus Brightii

Second, (Immediate,) Coma.

Duration of last Sickness, Since 24 January 1881.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 6

B. F. Lamard M. D.
Medical Attendant.

Undertaker, Abraham Hayman

Place of Business, 18 Harford ave *Address,* 314 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Faust

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 17 *Years,* 3 *Months,* 27 *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Student

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 665 W Lombard

Cause of Death {First, (Primary,) Diphtheria
Second, (Immediate,) Tranition

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 6' 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

Gilmanton M. D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5320 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Krieu

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bast City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Meningitis

Second, (Immediate,) Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 6 1881

Undertaker, Geo Sheehan

Place of Business, 152 Division St

Mahlon Brown M. D.,
Medical Attendant.

Address, 68 N. Caroll St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53202 *Office of Registrar of Vital Statistics.* Ward 20 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* about 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie View

Date of Burial, Dec 5. 1881

Undertaker, Geo Chisham

Place of Business, 156 Division St

Thomas Brown M. D.,
Medical Attendant.

Address, 68 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53203 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* about 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maternité Hospital

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Congenital syphilis

Second, (Immediate,) .....

Duration of Last Sickness, from birth

All the above information required to be furnished by the Physician.

Place of Burial, [redacted] Mt Hope

Date of Burial, Dec 6. 1881

Undertaker, G W Shuham

Place of Business, 152 Division St

Marbury Brown M. D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53204

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hackne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 9 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster shucker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, his time

Place of Death, {Give street and number.} 6 Clement st

Cause of Death, First, (Primary.) Probably Anemia

Second, (Immediate.)

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5 1881

Undertaker, Charles A White

Place of Business, 35 Granby st

R W Cathell M.D.,
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53205

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella F. Tanbelcroa

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, twenty six *Years,* ten *Months,* 17 *Days.*

Color, white

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, a

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 311 Gough St.

Cause of Death, First, (Primary,) Phthisis pulmonalis ante

Second, (Immediate,) about eight weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park Cem

Date of Burial, Decem 3rd 1881

G E Cope *M. D.*
Medical Attendant.

Undertaker, W. A. Daiger

Place of Business, 741 S. Broadway *Address,* 55 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 53206

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, December 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 15 N. Caroline Street

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate.) Asthenia

Duration of Last Sickness, 50 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Dec. 6" 1881

Undertaker, H A Daigon

Place of Business, 724 S Bond

James F. O'Shaud M.D.,
Medical Attendant.

Address, 1 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Scott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 4 Barnet St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius

Date of Burial, Dec. 6th 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

J. H. Bolton M. D.

Medical Attendant.

Address S.E. Cor Gay & Caroline Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 53208 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Norris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, —

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number.} 108 West. ✓

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Apnoea

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sandy Hook Md.

Date of Burial, Dec. 6th 1881

Undertaker, C. D. Thomas

Place of Business,

Wm. Ellis *M. D.,*
Medical Attendant.

Address, 310 Light.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 22/28 Thomas [OVER]

Board of Health, City of Baltimore,

Permit No. 53209

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3d December 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frost Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 18 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 17. S. Clarest alley

Cause of Death, First, (Primary.) Diphtheria Exhaustion

Second, (Immediate.) Gastric Complication and =

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5th

Undertaker, G. W. Perkins & Son

Place of Business, 130 Henrietta St *Address,* 146 Hill St

L. D. Dyer M.D.,

Medical Attendant.

L. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33210 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Cox

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 50 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow.

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} China St. near Commerce.

Cause of death, First, (Primary,) Asthenia.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5th

Undertaker, Geo. W. Bruns Jr.

Place of Business, 180 Henrietta St *Address,* 202 Sharp St

C. S. Bruce *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53211 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Levi

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* ~~Months,~~ ~~Days.~~

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 17 Stockholm St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Howard Co. Md.

Date of Burial, Dec 6th 1881

Undertaker, W. M. Duncan

Place of Business, East St. Address, Comm. of Health

James H. Chew M. D., Medical Attendant.

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Extd 2 4 29

S. I. [OVER.]

Board of Health, City of Baltimore, 19 4

Permit No. 53212 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emilie Graef

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Forty eight *Years,* Seven *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, House Wife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Forty seven

Place of Death, { Give street and Number. } 692 Saratoga St.

Cause of Death, First, (Primary,) "Phthisis Pulmonalis"

Second, (Immediate,)

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 6th 1881

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St. *Address,*

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 53[illegible] Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

#53213

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine H. Moylins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* ~~—~~ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 12 Bartlett St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Peters

Date of Burial, Dec 6th 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balt[illegible] *Address,* Comm. of Health

James Allen M. D., Medical Attendant.

Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo. E. Brown Inspector

Board of Health, City of Baltimore,

Permit No. 53214 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, to the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} No 164 E. Pratt

Cause of death, First, (Primary,) Spasms

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St. Louis Cem.

Date of Burial, Dec 6th 81

Undertaker, Mr. Kranz

Place of Business, 280 Canton Ave

J. Hall M. D.,
Medical Attendant.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53215 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 5th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Lamb

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, four *Years,* four *Months,* four *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 66 Albemarle Ave

Cause of death, First, (Primary,) Fifth Uterine

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Decem 6 1881

Undertaker, John Hennessy

Place of Business, 352 Orleans St

Wape M. D.,
Medical Attendant.

Address, 55 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33216

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 3d 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Bertzky

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, Yzz

~~*Married,* Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~*Occupation,*~~ —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 mon

Place of Death, {Give street and number.} 17 Rockgarett

Cause of Death, First, (Primary.) Spotted neigne

Second, (Immediate.) Paralysis cardis

Duration of Last Sickness, 6 ~~mos~~ days

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Cem.

Date of Burial, Dec. 6. 1881

Undertaker, Henry Sander

Place of Business, 162 Canton Ave. *Address,* 241 S. Bond

F. Matthews M.D.,
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53247 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Lynch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years.* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 100 N Wolfe St

Cause of death, First, (Primary,) Scarlatina & Rubeola

Second, (Immediate,) Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Fritrich City

Date of Burial, Dec 6 1881

Undertaker, John Kenney

Place of Business, 382 Orleans St

W. W. White M. D.,
Medical Attendant.

Address, 710 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Transcribed 2-4-30 [OVER.]

Board of Health, City of Baltimore,

Permit No. 53218 *Office of Registrar of Vital Statistics.* Ward 12 6.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 252 Gough St Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 21 N. Mark. St.

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Sinking ills

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Md

Date of Burial, Dec 6/81

Undertaker, Fry & Son

Place of Business, 87 N Broadway

G. G. Lusk M. D.,
Medical Attendant.

Address, Balt. & Mark sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Printed 2/31

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53219 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th (Fifth)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Leopold thor Straten

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* Four *Months* Fifteen *Days.*

Color. White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 304 East Fayette St

Cause of death, First, (Primary.)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Decem 8. 1881

Undertaker, John Herwig

Place of Business, 382 Orleans St

W. H. Clendinen, M. D.,
Medical Attendant.

Address, No 102 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53220

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Coates

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~About~~ 65 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} 48 Little Church St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) of the Brain

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 6 " 1881

Undertaker, G 4/B Chase

Place of Business, 198 Hanover

Sol. Bell M.D.,

~~Medical Attendant.~~ Coroner So Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53231 *Office of Registrar of Vital Statistics.* Ward 7 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly A. Cummings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 7 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 234 N Durham St

Cause of death, First, (Primary,) Tubercular Consumption

Second, (Immediate,) " Meningitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 5. 1881

Undertaker William M. Duggs

Place of Business, 62 East St

of Wm. G. Russell M. D.,

Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53222 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Gerding

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, ~~color~~ White

Married, Single, ~~Widow~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 31 years in US

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} City Hospital Res 201 N Front

Cause of death, First, (Primary,) Run over by Engine N C R R

Second, (Immediate,) Shock

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 6th 1881

Undertaker, Joseph F Byrne

Place of Business, 69 Liberty

Edm Dorsey Atkinson M. D.,

~~Medical~~ Attendant.

Address, Conn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53223

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT. DEC 6 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3d December 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Linn.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty Eight (58) *Years,* *Months,* *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Horse Dealer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Thirty Seven (37) Years.

Place of Death, {Give street and number.} 102 Druid Hill Avenue.

Cause of Death, First, (Primary.) Tuberculosis. Phthisis.

Second, (Immediate.) Pulmonary Phthisis or Consumption.

Duration of Last Sickness, about Nine (9) Months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 7th 1881

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty

W C Van Bibber M.D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 23224

Board of Health, City of Baltimore,

Permit No. 53224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Marjorie Peter Jonson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12 Grace St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Dec 6 1881

Undertaker, Jas P. Byrne

Place of Business, Dr J. H. Grimes

J. H. Grimes M. D.
Medical Attendant.

Address, 257 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DUKE & CO. STEAM PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53225 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgett Dorsey

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 88 Jonson alley n Jonson 2 Point

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 7th 1881

Undertaker, Jos B Scott

Place of Business, No 707 W Baltimore Street

E W Jones M. D.,
Medical Attendant.

Address, 260 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11-3-81

Board of Health, City of Baltimore,

Permit No. 53226 *Office of Registrar of Vital Statistics.* Ward 9 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 8 1881 BALTIMORE

Date of Death, Dec 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvina Purdue

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 2 *Months,* 6 *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 37 Lexington St.

Cause of death, First, (Primary,) ..... Second, (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Littleton Pa

Date of Burial, Dec 7th 1881

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta St

R. N. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 433 Franklin [OVER.]

Board of Health, City of Baltimore,

Permit No. 53227 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Reitz

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 1 Brune

Cause of death, First, (Primary,) Capillary Bronchites

Second, (Immediate,) .....

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 9th at 3 o'clock

Undertaker, John E. Kahlert

Place of Business, 308 Franklin St

Louis [illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53228

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 5. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Robert Bond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 146 Montgomery st.

Cause of Death, First, (Primary.) Malignant Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Dec 7 81

Undertaker, Ansley & Dunn

Place of Business, 1263 Light

Geo. A. Hartman M.D.,
Medical Attendant.

Address, 305 N. Caroline st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53229 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alex B French

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 123 S Eutaw

Cause of death, First, (Primary,) Membranous Croup

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Holy Cross

Date of Burial, December 8th

Undertaker, Weldon Dippel

Place of Business, ...

Geo Reynolds M. D.,
Medical Attendant.

Address, Calvert & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53230 *Office of Registrar of Vital Statistics.* Ward 18 4/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Ann Baltimore

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 220 West St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Ground & Branch

Date of Burial, December 7

Undertaker, Hercules Ross

Place of Business, 95 Conway St

A. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53231 *Office of Registrar of Vital Statistics.* Ward 7th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Teresa A. Wenck

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 7 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } # 225 N. Carolina st.

Cause of Death, First, (Primary,) Diphtheria (Malignant)

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial St Alfonsus Cemetery

Date of Burial, 8th December Geo. A. Hartman M. D.,

Undertaker, Adam Fick Medical Attendant.

Place of Business, 461 W Gay st *Address,* #305 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53232

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nées (Sister Mary Theresa, Sœur de Notre Dame)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, School Sister de Notre Dame

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Conv. de Notre Dame Aisquith St.

Cause of Death, First, (Primary.) Consumption of Lungs.

Second, (Immediate.)

Duration of Last Sickness, This person came from Washington Co. May 1881 After coming to Convent became worse from Lungs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 8th of December

Undertaker, Adam Fink M.D.,

Medical Attendant.

Place of Business, 461 W. Gay St. *Address,* S. W. Cor. Pratt & Paca

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53233 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 1 *Months,* *Days.*

Color, ~~ed~~ Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} Short Alley No 4

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 9 Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, December 6th

Undertaker, Chas A White

Place of Business, 35 Granby

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 N Exeter

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53234

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stiebler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Musician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 25 years

Place of Death, {Give street and number.} E. N. Exeter 2d

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.) do —

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 9 of December

Undertaker, Rau & Barkell

Place of Business, 62½ W. Balt St. *Address,* [illegible]

G. A. Dohme M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Emily J Dallam

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 36 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 89 McCulloh St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) " "

Duration of Last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 8th Dec 81

Undertaker, Drury & Mitchell

Place of Business, 530 W Fayette St

F. Donaldson M.D.
Medical Attendant.

Address, 108 Park Ave

✓

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53236

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEC 8 1881 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalen McCauley

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, thirty one *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, thirty one years

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 7th 1881

Undertaker, Patrick Mcellin

Place of Business, S. Paca ave

J. E. Hill M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53237 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decmb 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia C Hicks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 11 S 4 s Spring st

Cause of death, First, (Primary.)

Second, (Immediate,) Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitery

Date of Burial, Dec. 7th 1881

Undertaker, Theo F Fuchs

Place of Business, 73 Jefferson st.

J H Kuttruff M. D.,
Medical Attendant.

Address, 25 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53238 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Thos Conroy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 5 Months ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 S. Front St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Dec 8th 1881

Undertaker Wm Bx Byrne M. D.,

Medical Attendant.

Place of Business, Front St Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd. Chas E. Payton [OVER.]

Board of Health, City of Baltimore

Permit No. 53239 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agen (Mother)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1/8 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 4. Wilder St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information, should be furnished by the Physician.

Place of Burial Sharp St Cemet

Date of Burial, Dec 7th 1881

Undertaker, Geo W. Perkins

Place of Business, ~~~~ *Address,* Comm of Health

I Saml A Steuart M. D., Medical Attendant

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd J. E. Dunduff

Board of Health, City of Baltimore,

Permit No. 53240 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca & Michael Brown (Parents)

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 1/2 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Foot of Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 7th 1881

Undertaker, B. Hanly

Place of Business, West St

James A Lemay M. D.,

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examd by John E. Durding

Board of Health, City of Baltimore,

Permit No. 53241

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fleckenstein.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany. 42 years ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 S. Castle St.

Cause of Death, First, (Primary.) Enlarged Prostate.

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 8th 81

Undertaker, M. France

Place of Business, 280 Conn Ave

A. F. Erich M.D.,
Medical Attendant.
per George H. Rhei

Address, 94 S Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5342 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Eisenhower

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 8 Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. A.

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number.} 37 S East ave

Cause of death, First, (Primary,) Pulmonary Hemorrhage

Second, (Immediate,) Phthisis

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec. 8th. 81

Undertaker, M. Kramer

Place of Business, 280 Pennsylvania Address, 44 Do. Broadway

J. L. Wilkins M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Geo Gretzinger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden Ger

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 255 So Paca St

Cause of Death { First, (Primary,) Old age / Second, (Immediate,) Inanition

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 8th 81

Undertaker, M. Franz

Place of Business, 280 Eastern ave

E J Kay *M. D.*
Medical Attendant.

Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53264

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Beckett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harpers Ferry Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number.} 26 E Baltimore St

Cause of Death, First, (Primary.) Acute Pneumonia

Second, (Immediate.)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7 1881

Undertaker, S McShane

Place of Business, 198 Howard St

J. J. Simms M.D.,
Medical Attendant.

Address, 41 N. Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wagner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow, or Widower, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Penna

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} 484 N Washington St

Cause of Death { First, (Primary,) —
Second, (Immediate,) Typhoid Fever

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holts Cemetery

Date of Burial, Dec 7

Undertaker, J Shilling

Place of Business, Gas Elt

L Russell Mastin M. D.
Medical Attendant.

Address, Chester & Hoffman Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53246 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Johanna Knell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 3 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number.} 49 S. Carrick St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, St Johnsville Cemetery

Date of Burial, December 9th 1881

Undertaker, Wm P. Kummert

Place of Business, 317 Mulberry St *Address,* 126 Mulberry St

J. O. Jordan *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. McBean

Sex, Male or Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Pilot

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number} 120 Gough St.

Cause of Death, First, (Primary,) Fatty degeneration of heart

Second, (Immediate,) Paralysis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decem 7th 1881

E. P. Irvin *M. D.*
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway *Address,* # 373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53248

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mallon

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 32 Hillman St.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 3 1st

Undertaker, Wm C. Wiedefeld

Place of Business, 90 Baltimore

Wm. Brooke Boyle M.D.,

Medical Attendant.

Address, Calvert & Eager Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53249

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 8 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S. S. Stockholm St

Cause of Death, First, (Primary.) Scrofula Phthisis. Hereditary

Second, (Immediate.) Hydrothorax and Asthenia

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec. 8th 81

Undertaker, Geo. Merkins & Co

Place of Business, 130 Hanover

C. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53251

HEALTH DEPARTMENT, DEC 7 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Shiel

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 27 *Years,* ~~ *Months,* ~~ *Days.*

Color, White

~~*Married,*~~ *Single, Widow or ~~Widower,~~* {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 7th 1881

C. F. Mitchell M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the [illegible]

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 7 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara M. Appleby

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, 10 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 109 N. Amity St

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,) Convulsions Coma

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, December 9th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Wm. N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53252 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 7 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gemima Kidd

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Chester st bet Chew & Madison

Cause of death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, Found dead in bed

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Church Baltimore County

Date of Burial, Dec 9th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyons

Edw D Reinecke M. D.,
Medical Attendant.

Address, Corner Mc Cl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53253 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 6th Decr. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Neil

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 30 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 123 Sharp st

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Oheb. Shalam

Date of Burial, Dec. 8th 1881

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw st

J. W. Nebsett M. D., Medical Attendant.

Address, 57 Bennett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hagey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Five *Years,* Four *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 231 Laurens

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Diphtheritic Laryngitis

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 8th 1881

Silas Baldwin M. D.
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 E. Eutaw St.

Address, 152 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53255 *Office of Registrar of Vital Statistics.* Ward 9 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 7 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Butler

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 30 Courtland St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 8th 1881

Undertaker, Saml W. Chase

Place of Business, Howard St. *Address,* Comm of Health Registrar

James A Steuart M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by T. B. D. 88

Board of Health, City of Baltimore,

Permit No. 53256 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine A. S. Murphey

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, about 10 Years

Place of Death, {Give street and number.} 38 Frederick Avenue

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption of Lungs

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Delaware

Date of Burial, Dec 9th 1881

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore Street

J. W. McClure M.D.,

Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

24 35 Transit

Board of Health, City of Baltimore,

Permit No. 53259 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. DEC 7 1881 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months.* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Phila Pa

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} City Hospital Res 27 N Calvert

Cause of death, First, (Primary,) Fracture of base of Cranium

Second, (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Dec. 8th 1881

Undertaker, Henry W. Weaver.

Place of Business, 45 S. Gay St.

Edm'd R Walker M. D.,

~~Medical Attendant.~~

Address, Coroner M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53258

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. J. Yates

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 609. Hanover sh

Cause of Death, {First (Primary,) } {Second (Immediate,) Pneumonia}

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 8

Undertaker, B. Hunt

Place of Business, 82 West St.

Thomas Cotta M.D.
Medical Attendant.

Address 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53259

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pattie Francis Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 2 Vesta St

Cause of Death, First, (Primary.) Eclampsia

Second, (Immediate.)

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetry

Date of Burial, Dec 8th 1881

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St *Address,* 148 N Charles

Geo Keenan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Williams,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Blk *Sex,* F.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co, Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 88 Pierce st,

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Shapp St Cemetry

Date of Burial, Dec 8th 1881

J. L. Ingle M. D.
Medical Attendant.

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St *Address* 217 Lemmale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 33261 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Boulden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, C

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Seal

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number.} 60 Lurman alley

Cause of death, First, (Primary,)

Second, (Immediate,) Cerebral Malaria

Duration of Last Sickness, 24 hrs

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9th 1881

Undertaker, Wm J. Gray

Place of Business 68 Mulberry *Address,* 23 Franklin

J H Tallman *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

Permit No. 53262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Knell

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 165 S. Gilmor

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,) Tabes Mesenterica

Duration of last Sickness, All Summer & Fall

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, December 8th 1881

Undertaker, Mrs Kümmert

Place of Business, 317 Mulberry St

J. Ins Hood M. D.
Medical Attendant.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decembr 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gledstane A Moor. M D

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 59 *Years,* ..... *Months,* ..... *Days*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Druggist-

Birthplace, {State or country (and how long in United States, if of foreign birth.)} (Ireland) about 45 years

Duration of Residence in the City of Baltimore, About forty four years

Place of Death, {Give street and number.} Broad Hill Avenue No 236

Cause of Death, First (Primary,) Pulmonary Consumption Duration with the same

Second (Immediate,) (Pulmonary Consumption) The last of four Brothers all

Duration of Last Sickness, Last illness about ten Months-

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 8 /81

Undertaker, C W Blizzard

Place of Business, 207 Penn av

R J Hall M.D.
Medical Attendant.

Address, No 13 Third St. Balt Co

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53264

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Eberd

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 376 Hamburg st.

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.) Prostration

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 9th 1881

Undertaker, S. Gleason

Place of Business, 82 West st

O. L. Duddenhoffer M.D.,
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

Permit No. 53265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Jane Muir

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and number } 19 Myrtle Ave

Cause of Death — , First, (Primary,) Phthesis Pulmo

Second, (Immediate,)

Duration of last Sickness, Several month

All the above information should be furnished by the Physician.

Place of Burial, Cambridge MD. | By way of Steamer

Date of Burial, Dec 8th 1881 | Baltimore M. D.

Medical Attendant.

Undertaker, C W Blizzard | Address, 19 Myrtle Ave

Place of Business, 207 Penn Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

24/56 Tuesday

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53266 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Velonia Wannemestah

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give street and number.} # 267 S. Bond St.

Cause of death, First, (Primary,) Uterine Haemorrhage

Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baughman Cemetery

Date of Burial, Dec 9th 1881

Undertaker, Elisha Cox

Place of Business, 84 E. 86 Bank St

John H. Rehberger M. D.,
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53267

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th December 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Porter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 17 S. Clarret Alley

Cause of Death, First, (Primary.) Diphtheria Complication

Second, (Immediate.) Convulsions

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Loam of Cemetery

Date of Burial, Dec 7

Undertaker, Abraham Myerman

Place of Business, 13 Saratoga St

L. D. Dyer M.D.,

Medical Attendant.

Address, 146 Hill St

L. D. DYER M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and death[illegible]te children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53268 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, = 3 = *Years,* = 16 = *Months,* = = *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 57 Jefferson St

Cause of death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 2 hrs — 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 7

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

D. Wilson M. D., Medical Attendant.

Address, 44 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 01322

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 Decbr. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elmer A. Linhard

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, nineteen *Years,* eight *Months,* 25 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Nurseman

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 308 Argyle St

Cause of Death, { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,)

Duration of last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 8th 1881

G Wape M. D.
Medical Attendant.

Undertaker, Henry Hoeck & Son

Place of Business, 309 N. Eutaw St *Address,* 505 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 53271 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sathonia Swails

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* ~~~ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ellicott city Md

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and Number.} 8 Grove St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Spasms

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial E. Pebble Cemetery

Date of Burial, Dec 8th 1881

Undertaker, Pat Mullin

Place of Business, S. Park ave *Address,* Comm of Health & Registrar

Thomas A Sloan M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Jos. P. Smith S. D.

Board of Health, City of Baltimore,

Permit No. 53272

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fritzges

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow, or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 113 S. Regulator

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Paralysis

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 8th

Undertaker, Wendell Dippel

Place of Business, S. Bond st. 151

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53273

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Blazek

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 28 Hanover St

Cause of Death, First, (Primary.) Puerperal fever

Second, (Immediate.) —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 8th

Undertaker, Wendell Dippel

Place of Business, S. Bond st. 151

G A Dohme M.D.,
Medical Attendant.

Address, 8 E. Lafayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53274 *Office of Registrar of Vital Statistics.* • Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Rashford

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 14 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 33 Sheckton Alley

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) .....

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec 9, 1881

Undertaker, Matthew Cadwgan

Place of Business, 240 Aisquith St

Edwd F. Mulholland M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53275 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecca O'Neill

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life's Time

Place of Death, {Give street and number.} 115 Mulliken

Cause of Death, First, (Primary.) Hemorrhage from lungs

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Dec 8 1881

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Address, 245 E Baltimore St

J Mathieu, M.D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 53276 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Burley Smith

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 28 Albemarle St

Cause of Death, First, (Primary,)

Second, (Immediate,) Jaundice

Duration of Last Sickness, all to Life

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Dec 8th 1881

Undertaker, W. H. Hickman

Place of Business, 234 W. Pay St

Wm. A. Glenn M. D.

Medical Attendant.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd— Geo. E. Taylor

OVER.

Board of Health, City of Baltimore,

Permit No. 53277. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Grasser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 28 Benton Alley

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 9th 81

Undertaker, Mr Franc

Place of Business, 28 Benton Alley

D. F. Hill M. D.,
Medical Attendant.

Address, 2 Hubbard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53278 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella McCluskie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 57 Bury St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 Bury St

Cause of death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 8th 1884

Undertaker, John Schaefer

Place of Business, Nov 150 Camden *Address,* 185 W Fayette St

D. H. Irwin *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

... *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ... who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ... urs after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ... ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 7. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria E. Price

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, about 75 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, her entire lifetime

Place of Death, {Give street and number} 66 Conway St

Cause of Death { First, (Primary,) Phthisis — Pulmonary
Second, (Immediate,) do old age do

Duration of last Sickness, About Six months ill —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 10th

W. W. Hammond M. D.
Medical Attendant.

{Undertaker, F. N. Gorsuch
Place of Business, 131 Hanover St Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53280 *Office of Registrar of Vital Statistics.* Ward 13 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sadie Greenway

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 27 Wanche St

Cause of Death, First, (Primary,) Catarhal pneumonia

Second, (Immediate,) annemia

Duration of Last Sickness, Several months

All the above Information should be furnished by the Physician.

Place of Burial, Shark St Cemetry

Date of Burial, DEC 9" 1881

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St *Address,* 223 Madison Av

J. B. Atkinson *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section [illegible] *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53281 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Dodson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, thirty eight *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} No 188 Aisquith

Cause of death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about nine months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, December 11th 1881

Undertaker, Benny H. Mitchell

Place of Business, 65 S. Broadway

Walter R. Way. M. D.,
Medical Attendant.

Address, 3 South Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[illegible] of Health, City of Baltimore,

Permit No. 53282 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen V Neighoff

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, Nineteen *Years,* three *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 387 West Fountain St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park cemetery

Date of Burial, December 11

Undertaker, Joseph B Cook

Place of Business, 704 W Baltimore *Address,* 387 W Fayette St

[illegible] M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 53283

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma H Schuler

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 350 west Lombard st

Cause of Death { First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Convulsions

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Dec 10th 1881

D. F. Hoffman M. D.
Medical Attendant.

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

No. 33284

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th December '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Wieckman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* 9 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number} 422 N. Eutaw St.

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Decem 10

Undertaker, Joseph B Cook

Place of Business, 707 W. Baltimore

H. H. Littell M. D.
Medical Attendant.

Address, 425 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53285

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Almeria Briggs

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Born and Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 43 Penick Ct

Cause of Death, First, (Primary.)

Second, (Immediate.) Membranous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Lionel Cemetery

Date of Burial, Dec 9 1881

Undertaker, Wilson Berry

Place of Business, No 62 East St

J C Johnson *M.D.,*
Medical Attendant.

Address, 41 N Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53286 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec. 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick F McEwan,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 8 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Labourer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} Chas St near Clifton Place,

Cause of death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Asthenia.

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 9/81

Undertaker, H. Weidefield

Place of Business,

Wilmer Barnitow M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53287 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Jones

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 104 N Stricker st

Cause of death, First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Westport Road.

Date of Burial, Decem 9 1881

E. L. Loton M. D.,
Medical Attendant.

Undertaker, John Horan's

Place of Business, 352 Orleans st *Address,* 1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

he Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

ermit No. 53288 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Fowler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} 55 N. Carrollton Ave

Cause of death, First, (Primary,) Acute Tuberculosis

Second, (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 11th

Undertaker, Fry & Bro

Place of Business, Broadway & Monument

John Ruff M. D.,
Medical Attendant.

Address, 172 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53289

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 8 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annetta Nickum

~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* — *Days.*

Color, White

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 191 Butler Ave

Cause of Death, First, (Primary.) Diptheria.

Second, (Immediate.)

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Parkview

Date of Burial, Dec 9th 1881

Undertaker, Armstrong & Denig

Place of Business, ~~263 Saratoga~~ *Address,* 50 Harrison Ave

E. B. Noble M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 33290

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D Shriber Deaver

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Clay & Howard sts

Cause of Death { First, (Primary,) Consumption
, { Second, (Immediate,) "

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cy

Date of Burial, Dec 9th 8

Undertaker, Stewart & Mervin

Place of Business, 38 Park Ave

J. Shw. D. Lawrence Jr. M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 53291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Stecker

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 54 N. Wolfe st.

Cause of Death, First, (Primary.) Diphtheritic Croup.

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, 12 December

Undertaker, Ambrose Kochler

Place of Business, 274 E Lombard *Address,* 27 N. Broadway

I. G. Dawes, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 33292

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 8. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Shipley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 263 W Biddle St.

Cause of Death First, (Primary,) Phthisis Laryngeal & Pulmonary

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 11th 1881

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

Marburg Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53293

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beatrice Gertrude Brooks

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, ... *Years,* ... 1 *Months,* ... 22 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} BC

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 196 Bond north

Cause of Death, {First (Primary,) Second (Immediate,)} Edema asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, greenmount

Date of Burial, Dec 9th 4 o'clock pm

{*Undertaker,* M Dipple / *Place of Business,* ...}

Jno. J. Miller M. D.
Medical Attendant.

Address 192 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53294

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Daughter of Hannah Goldres

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Russia Poland

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} 15 E Lombard St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery Phila Road

Date of Burial, Dec 9 1881

A Frazer Shortzer MD M.D.,
Medical Attendant.

Undertaker, M Goldsmith

Place of Business, 53 W Hugh St *Address,* 11 S Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 03270

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Hoyo

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellicotts City Howard County

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 248 Hollins st

Cause of Death First, (Primary,) Bright's Disease

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park cemetery

Date of Burial, Dec 11th 1881

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore street

D. P. Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

No. 53296

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Halvor A Kaufman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 7 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 203 Frederick av Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 203 Frederick av

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Dec 11th 1881

Robt H Kruse M. D.
Medical Attendant.

Undertaker, Jos B Coates

Place of Business, No 707 West Baltimore street

Address, 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53297

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Farr

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, Whit-

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Peddler

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} City - Hospital

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 Mos. -

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, December 9

Undertaker, Patrick Mullin

Place of Business,

H. J. Laciar M.D.,
Medical Attendant.

Address, City - Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53298

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Whitney

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House-wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, {Give street and number} 205 Aisquith St

Cause of Death, First, (Primary,) Ostitis interna, succeeding Scarlatina in childhood

Second, (Immediate,) Mastoid necrosis inducing Meningitis

Duration of last Sickness, 2½ Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Dec. 10. 1881

Undertaker, M. A. Daiger

Place of Business, 711 S. Broadway

Jno. S. Latimer M. D.
Medical Attendant.

Address, 187 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33299

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City — Life

Duration of Residence in the City of Baltimore, 7 Barnes ab

Place of Death, {Give street and number.}

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Haemorhage Lungs

Duration of Last Sickness, Service Says

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 7 1881

Undertaker, Alex Hunsley

Place of Business, 1160 Orchard St

Alexander Hunsley M.D.,

~~Medical Attendant~~.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53300

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~William Crash~~ Dec 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Crash

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Davis St No 21

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 21 Davis St

Cause of Death, First, (Primary.) Capillary Bronchides

Second, (Immediate.) .....

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Kimmel

Date of Burial, Dec 9th 1881

Undertaker, Charles H Nick

Place of Business, 35 Granby St

E Geo Walls *M.D.,*

Medical Attendant.

Address, 41 N Bond

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53301 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Kain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 83. Mosher

Cause of death, First, (Primary,) Valvular Disease of the Heart

Second, (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 10th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Edwd J. Mitchell M. D.,
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53302

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Elizabeth W Beard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 9 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire Life Time.

Place of Death, {Give street and number.} 191 Front st

Cause of Death, First, (Primary.) Fatty Degeneration of Heart

Second, (Immediate.)

Duration of Last Sickness, More than a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 10 1881

Undertaker, James P Byrne

Place of Business, No 63 So Front St *Address,* 21 Broadway

D W Cathell *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53303

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Michael

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} 116 S. Duncan Alley

Cause of Death, First, (Primary.) Double Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Dec 10 1881

Undertaker, John Kerney

Place of Business, 582 Orleans St *Address,* 413 N. Broadway

L. P. Dandel, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53304 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Bestermann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 255 E. Eager St.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 10 1881

Undertaker, Henry Hooker & Son,

Place of Business, 319 N. Central Ave *Address,* 319 N. Central Ave

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53305 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Marshall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cigar-maker

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 26 W. Lombard

Cause of death, First, (Primary,) Phthesis

Second, (Immediate,) Pulmonales

Duration of Last Sickness, 10 year (Was dead in bed

All the above information should be furnished by the Physician.

Place of Burial, Ed Pub Cemetery

Date of Burial, Dec 9th 1881

Undertaker, Pat Mullin

Place of Business, S. P. Pk ave

Edwin F. Waller M. D.,
Medical ~~Attendant~~.

Address, Comm. to P. L.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53306

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Brown

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ or Female

Age, 18 *Years,* 2 *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~, Single, ~~Widow~~ or ~~Widower~~

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Several Years

Place of Death, {Give street and number} 1 Parish all near Lexington St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 9th 1891

Undertaker, W. H. Duncan

Place of Business, East St

R. Richardson M. D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53307 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Hilliard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 88 N. Ann St

Cause of Death, First, (Primary,) Heavy Cold

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 3. Weeks

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 9 1881

Undertaker, T. W. & J. Locke

Place of Business, Jasper St

J. Ames A. Steuart M. D.,
Medical Attendant.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. E. Smith

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53308.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec the 7 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luana Thomis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Port Deposit Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} No 283 Hamburg St Baltimore

Cause of Death, First, (Primary.) Enlargement of Heart

Second, (Immediate.) Hysentery

Duration of Last Sickness, 5 month

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit Md

Date of Burial, Dec 10 1881

Undertaker, S U Chase

Place of Business, 198 Harvard

M.D.,

Medical Attendant.

Address, No 36 Dunster

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2137

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5556

Board of Health, City of Baltimore,

Permit No. 53309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
DEC 10 1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brown

Sex, Male ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* ~~ *Days.*

Color, Light Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 7 Block Alley.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 Block Alley

Cause of Death {First, (Primary,)} Pulmonary Congestion

{Second, (Immediate,)} Asphyxia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, ~~ St Peters Cemetery

Date of Burial, Dec 12th 1881

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Jno Dixon M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. POLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 53310

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McSherman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 95 ~~83~~ *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor cor. John and Valley Street

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Asthma & Age

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Cross~~ R. Catholics Cemetery

Date of Burial, 10th Dec. 1881

Undertaker, Henry Schettler

Place of Business, ~~No Baltimore~~ City

Wm. Brooke Boyle M.D.,

Medical Attendant.

Address, Eager & Calvert Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53311

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
DEC 10
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kennedy Vaughan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 6 Weeks

Place of Death, {Give street and number.} 35 Whitcoat St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) "

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 10th 1881

Undertaker, Jos. B. Cook

Place of Business, W. Bath St

J. H. Christian M.D.,
Medical Attendant.

Address, 731 Penna. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 53312 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th. December 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Rehmert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 8 *Months,* 16 *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Minden, Pruffia, Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No. Henry st. 21.

Cause of death, First, (Primary,) Pneumonia Typhosa

Second, (Immediate,) Apoplexia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, 11th of December

Undertaker, Fred. Gaede

Place of Business, No 29 S. Gardiner St. *Address,* S. Wolfe str. 117.

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Notices Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 53313 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert P. Davis

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Hatter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Cecil County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 117 N. Eden St

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of Last Sickness, nine months

All the above information should be furnished by the Physician.

Place of Burial, Cecil Co Md

Date of Burial, Dec 10th

Undertaker, H C Weatherly

Place of Business, 60 Greene [illegible] *Address,* 137 Eden [illegible]

J. A. Duffy *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

24 38 Mendel

Board of Health, City of Baltimore.

Permit No. 53314 *Office of Registrar of Vital Statistics.* Ward 19 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Rea Rhodes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, {Give street and number.} 757 Lanvale St

Cause of death, First, (Primary,) Gastritis Meningitis

Second, (Immediate,) Meningitis

Duration of Last Sickness, about Seventeen Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Dec 11" 1881

Undertaker, Denny & Mitchell

Place of Business, 58 & 60 W Fayette St *Address,* 64 N Paca St

W. H. Hammond M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is hereby invited to the Sections below, and to Law of [illegible]

Board of Health, City of Baltimore,

Permit No. 53315 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A & B Duvall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* 17 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Druid Hill

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11 1881

Undertaker, W. W. Madden

Place of Business, 280 Chas St

Jno. D. Blake M. D.,
Medical Attendant

Address, 16 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Basil Manley Rhodes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 275 St Paul

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 10th Dec. 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St

F. E. Chatard M.D.
Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie E. Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower? {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 144 Bolton St.

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 5/12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 11th Dec. 1881

Undertaker, H.W. Jenkins Sons

Place of Business, 75 N. Charles St. *Address* 234 Madison Ave

A. T. Bell *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53318 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Easton Talbot Co Md

Date of Burial, Dec 11th 1881.

Undertaker, H M Gibmeyer

Place of Business, No 241 E Baltimore St

..... M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Subjoined Rules [illegible]

Board of Health, City of Baltimore,

Permit No. 53319 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Cadell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Watchman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anna Arundel Co Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} 61 N Caroline St

Cause of death, First, (Primary,)

Second, (Immediate,) Old age & Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 11 81

Undertaker, Fry & Son

Place of Business, 51 N Broadway

Midgley Wm R M.D., Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 33320

Board of Health, City of Baltimore,

Permit No. 53320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Painter,

Sex, Male or Female, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, About 25 Years.

Place of Death, {Give street and number} 530 N. Gay St.

Cause of Death {First, (Primary,) Apoplexy.

{Second, (Immediate,)

Duration of last Sickness, About One Hour.

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, 12 Dec. 1881

Undertaker, John W Jackson

Place of Business, Cor. Gordine & Gay St.

L. P. White, M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 53321 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 144 Pierce St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Septhentic Coma One week

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 10th Dec.

Undertaker, P. Kimmel

Place of Business, 317 Mulberry

A. L. Shuck M. D., Medical Attendant.

Address, 387 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53322 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 o'clock Night Dec 9th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mickel Cashul

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 43 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18

Place of Death, {Give street and number.} 3 Potomack St

Cause of death, First, (Primary,) Rheumatism then Phthis Pulmonalis

Second, (Immediate,) Phthis Pulmonalis

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Romans

Date of Burial, Dec 12th 91

Undertaker, M. Franar

Place of Business, 280 Canton Ave

J. E. Pucksa M. D., Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5331

Board of Health, City of Baltimore,

Permit No. 53323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th Dec. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Edes

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 38 S. Chapel St.

Cause of Death, First, (Primary.) Causes of Entrance

Second, (Immediate.) Hemorrhage from Stomach

Duration of last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 11th 81

Undertaker, M. Francis

Place of Business, 280 Canton Ave

E. P. Burns M. D.
Medical Attendant.

Address, 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53324

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Dec. 9th 1881~~ Dec. 9th 81 (Peters)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Helen ~~Peters~~

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Home work

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 43 Dorcas.

Cause of Death, First, (Primary.) Insufficientia mitralis et aortae

Second, (Immediate.) Insufficiency of Mitral & Aortic Regurgitation

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, December 10

Undertaker, B. Hasle

Place of Business, 82 West St.

F. Flatten M.D.,
Medical Attendant

Address, 241 E. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 53325

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Oct 7th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Isabella Mackey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 2 *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Dressmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, For Life

Place of Death, {Give street and number.} 29 Wrenn St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11th 1881

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St *Address,* 57 N Eutaw St

Eldridge *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 13,336 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 8 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 23 Hanover St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Dec 10th

Undertaker, Armstrong & Dunn

Place of Business, 263 [illegible] *Address,* 151 Hanover St

J. C. Burch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back Of

Board of Health, City of Baltimore,

Permit No. 53327

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Curry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, W

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Abt 45 Years ✓

Place of Death, {Give street and number.} 105 S Caroline St

Cause of Death, First, (Primary.) 2 Intemperance

Second, (Immediate.) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, December 14th 1881

Undertaker, H. M. Grimes

Place of Business, 1132 Eastern Av

Chas. H. Morfit M.D.,
Corner & ~~Medical Attendant.~~

Address, 67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 53328

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9 '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannorah Hamilton

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland in America 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 24 N. Amity.

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.) Uraemia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, December 11th 1881

Undertaker, Fredrick J Nammth

Place of Business, Front and Scott

E. Meierhoff, M.D.,
Medical Attendant.

Address, 422 N. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5335

Board of Health, City of Baltimore,

Permit No. 53329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Wilson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Fifty (50) *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number} * 6 Mary Elizabeth St.

Cause of Death, First, (Primary,) ~~Dothinenteritis~~ Heart disease

Second, (Immediate,) Asphyxia

Duration of last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11th 1881

Undertaker, Wm. H. Blake

Place of Business, Hanover & Hill

James Brown M. D.
Medical Attendant.

Address, #110 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53330

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
DEC 10 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 82 Jasper Street

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11th 1881

Undertaker, Sam'l. M. Chase

Place of Business, 198 E. Howard St. *Address,* 152½ N. Eutaw St.

J. Kingling M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53331 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 1881, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 116 Montgomery st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cem

Date of Burial, Dec 11th 1881

Undertaker, Armstrong & Denig

Place of Business, 263 Light st

Geo. A. Hartman M. D.,
Medical Attendant.

Address, 305 N Carolina st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53332

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
DEC 10 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip A. August Sauer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 2 weeks *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 23 Dorset St

Cause of Death, First, (Primary.) .....
Second, (Immediate.) Intestinal Meningitis

Duration of Last Sickness, 3 or 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 11th 1881

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore street

J. R. McSherry M.D.,
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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No. 33333

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 33333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, DEC 10 1881 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse R Machen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 65 S Gilmor St

Cause of Death { First, (Primary,) Capillary Bronchitis

, { Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 11th 1881

Undertaker, Jas B Cook

Place of Business, No 707 N Baltimore Street

James Bosley M. D.
Medical Attendant.

Address, 319 W Fallis St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53334 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 12 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Bowmer

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* 3 *Months,* 14 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Martinsburg W. Va

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} N 22 Manfield Ct

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, Nine (9) Days.

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg Va

Date of Burial, Dec 11 1881

Undertaker, L. F. Krauss

Place of Business, ...

H. L. Sheets M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit No. 2440

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53335

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Wenger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single ✓

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 270 S. Hanover St

Cause of Death, First, (Primary.) Tubercular Meningitis from Exposure

Second, (Immediate.) Convulsions

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Dec 11 1881

Undertaker, G.W. Perkins & Co

Place of Business, 130 Henrietta

C. D. Fuller M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53336 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 Months *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore MD

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Hoffman St near Mount Clark Sta

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Dec. 12th 1881

Undertaker, Theodore J Locks

Place of Business, 76 Jefferson St

Whitfield Rimary M. D.,
Medical Attendant.

Address, 152 E. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Registrars is respectfully invited to the Numbers printed and to List of Numbers on the back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53337

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
DEC 11 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. the 10th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Dziundt. Evans

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* Six months *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Duncans. Alley

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Smiths Court

Cause of Death, { First, (Primary.) Second, (Immediate.) } General. Dropsy

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitery

Date of Burial, Dec 12th

Undertaker, Theodore F. Ecks

Place of Business, 73 Jefferson St

Ger. Barkman M.D.,
Medical Attendant.

Address, 1 Hanover st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53338

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
DEC 11 1881
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 79 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland ✓

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number.} No. Comit St.

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate.) Complicated with asthma.

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 11 1881

Undertaker, James F Byrne

Place of Business, No 62 N Front St

Gaworham M.D.,
Medical Attendant.

Address, 862 Forsyth St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53339 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry W Stevens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* ..... *Days.*

Color, ...

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City. V

Duration of Residence in the City of Baltimore, 4 . 8

Place of Death, {Give street and number.} 307 West st.

Cause of death, First, (Primary,) Diphtheria Malignan

Second, (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg West Va

Date of Burial, December 12

Undertaker, B. Hurle

Place of Business, 82 West St

W. B. Ellis M. D.,
Medical Attendant.

Address, 318 E Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit No. 2441

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53840

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, DEC 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th Fourth

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Johnson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* 4 *Days.*

Color, D

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Henry's Court Burgundy Al

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Anemia

Duration of Last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Dec. 11th 1881

Undertaker, H. Ross

Place of Business, 95 Conway St

A. Wolbert M.D.,

Medical Attendant.

Address, 436 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 53341

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

HEALTH DEPARTMENT DEC 11 1885 BALTIMORE, MD.

Permit No. 53341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gadkins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* — *Months,* — *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Dredger

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East Shore Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 8 Stirling St

Cause of Death, First, (Primary,) Chronic Pulmonary Phthisis

Second, (Immediate,) asthenia

Duration of last Sickness, Several Years 6 mos

All the above information should be furnished by the Physician.

Place of Burial, ~~Dale Park Cemetery~~

Date of Burial, Dec 14 1885

Undertaker, Charles F White

Place of Business, 35 Granby St

D. Shull M.D.

Medical Attendant.

Address, 149 McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 633 42 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, DEC 11 1881, BALTIMORE, MD.

Date of Death, Dec 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mitchell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 6 *Months,* 2 *Days.*

Color, ~~col~~

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Stuart st 30

Cause of Death, First, (Primary.) Pregnancy

Second, (Immediate.) Child bed

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12th 1881

Undertaker, Abraham Wyman

Place of Business, 13 Saratoga St

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33343 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Doherty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. E. Cor of Eden & Aliceanna Sts

Cause of death, First, (Primary,) .....

Second, (Immediate,) ~~Convulsions~~ Oedema of Glottis

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetry

Date of Burial, Dec 11th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

Geo. E. Reynolds M. D., Medical Attendant.

Address, N. E. Cor Calvert & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

No. 5334

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, DEC 11 1881 BALTIMORE, MD.

Date of Death, December 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Delany

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary,) Puerperal Septicaemia

Second, (Immediate,) Adynamia

Duration of last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 11/81

Undertaker, Jno C. Hutchins

Place of Business, 50 S Carrollton Ave

C. H. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[ov

The Special Attention of Physicians is respectfully invited to the [illegible] of this

Board of Health, City of Baltimore,

Permit No. 533 46 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Linte

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* - *Months,* - *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 339 N. Wolf 4- old age

Cause of death, First, (Primary,) .....

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5- Weeks

All the above information should be furnished by the Physician.

Place of Burial, Phila Road M. E Cemetery

Date of Burial, Dec 13th 1881

Undertaker, Henry K. Mears

Place of Business, 45 N. Gay St

Geo Reynolds M. D., Medical Attendant.

Address, Calvert Monument-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53346

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Sewell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Shrewsbury Pa

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 406 Cary St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion & apnoea

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury Pa

Date of Burial, Dec 12 1881

Undertaker, John W Dalton

Place of Business, Cor Caroline & Gay St

Thos S Latimer M. D.
Medical Attendant.

Address, 187 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3332

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 mo 9 th 1881

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsa J. B. Brunkmann

Sex, Male or Female, {cross out the word not required in this line.} female.

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 347 N. Eutaw St. ✓

Cause of Death {First, (Primary,) Congestion of Brain

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 12th Dec. 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 306 Madison Ave.

Chas H. Riley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and ... List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 53348 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aaron H. Duvall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* 3 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Vine St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 12 1881

Undertaker, W. W. Mac[illegible]

Place of Business, 250 Chur[illegible]

[illegible] M. D.,
Medical Attendant.

Address, 168 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Carbrey

~~Male~~ *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 39 State Street

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Dec 14th/1882

Undertaker, Charles F White

Place of Business, 35 Granby St

G Holtaus M.D.
Medical Attendant.

Address, S. 16th Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Rubrics Below and to Lists of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 53350 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. R. Forman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Camden New Jersey

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 413. W Lombard St

Cause of death, First, (Primary,) Bright's Disease &

Second, (Immediate,) Valvular Disease of the Heart

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 13 1881

Undertaker, Jos B. Cook

Place of Business, 707 N Balto St.

Chas E. Nicholas M. D., Medical Attendant

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Questions below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 53357 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kelly Marie B

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 Years, 4 Months, 9 Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Ship Joiner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 367 S. Broad St.

Cause of death, First, (Primary,) Softening of the Brain - Insanity

Second, (Immediate,) Senile Paralysis - Asthenia

Duration of Last Sickness, Eight (8) Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 14th 1881

Undertaker, Peter Grey

Place of Business, 91 Eutaw Ave

J. L. Mistris M. D., Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 53352

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barbara Bartack

~~Sex, Male~~ or Female, {Cross out the word not required in this line.} F

Age, 1 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 138 S. Wolfe

Cause of Death, First, (Primary.) Angina membranacea

Second, (Immediate.) Suffocation

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec 13th 1881

Undertaker, Henry Hoeck & Co

Place of Business, 309 N. Central Av. *Address,* 24 S. Baltimore

Thomas M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 53353

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 9th '81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Ware

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 11 *Months,* 6 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore, 6 6 years

Place of Death, {Give street and number.} 345 Mulberry St.

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, December 12th 1881

Wm B. Rider **M.D.,**
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 87 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53354

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Paul Martin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* 13 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 1515 W. Madison st

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery,

Date of Burial, December 12th 1883

W. B. Tippett M. D.
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 208 N. Eutaw St *Address,* 160 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 533531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of paronts.} Virginia Vaughan

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number.} 35 Whitcan st.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) "

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 13th 1881

Undertaker, Jos. B. Loack

Place of Business, ——

J. H. Christian M.D.,
Medical Attendant.

Address, 431 Fawn Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Ce...

Board of Health, City of Baltimore,

Permit No. 53356

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Seibert

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* 20 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Belair Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Edema of

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th

Undertaker, Geo Schilling

Place of Business,

[signature] M.D.,
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ... of

Board of Health, City of Baltimore.

Permit No. 53357 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Agnus Acres

Sex, ~~*Male.*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 22 *Months.* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 15 Clemen st

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 3 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Monday Dec 12

Undertaker, B. Hartley

Place of Business, West Baltimore

E. N. Janney M. D.,
Medical Attendant.

Address, 260. E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 53358

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Zacharias

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Three *Years,* Eleven *Months,* Twenty *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Telegrapher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 520 Lexington St

Cause of Death, First, (Primary.) Uraemia

Second, (Immediate.) "

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 12th Dec.

Undertaker, C. Kummerd

Place of Business, 317 Mulberry St. *Address,* 39 N Carey St

Thos Opie *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 53359 *Office of Registrar of Vital Statistics.* Ward 20 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10 - 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Mary Bring

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, not anything

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 152 Pine St.

Cause of death, First, (Primary,) Spinal Meningitis

Second, (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 13th Dec

Undertaker, T. Kimmett

Place of Business, 317 Fulberry St. *Address,*

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 53360 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED DEC 1881 BALTIMORE 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Bauerschmith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* one *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} No 151 Hadeny Ave

Cause of death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of Last Sickness, not at all

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem.

Date of Burial, Dec 12th

Undertaker, Henry Sanden

Place of Business, 252 Canton Ave, *Address,* 12 S. Eden st

L Altenheretz M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 53361 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 12 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec. 12. 1881

Undertaker, Henry Snyder

Place of Business, 252 Canton Ave

[illegible] *M. D.,*

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sanda Allenburg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* three *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 470 North Gay St.

Cause of Death, First (Primary,) Cerebral Atrophy

Second (Immediate,) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Comm

Date of Burial, Dec 12th 1881

Undertaker, Henry Sander

Place of Business, 252 Canton ave

J H Bolton M. D.

Medical Attendant.

Address 1 E. Balto St & Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 3363 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Belle Boston

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 572 Aisquith St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th 1881

Undertaker, Foster Taylor

Place of Business, 1611 Bank St

W. W. White, M. D.,
Medical Attendant.

Address, 357 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53364

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony H. Clarke

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* 11 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Stone-cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and number} 235. Gough-st

Cause of Death First, (Primary,)

Second, (Immediate,) Pleurisy (Suppurative)

Duration of last Sickness, Two (2) months

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cem'y

Date of Burial, Dec 13th 1881

Undertaker, M. Slavin & Son

Place of Business, 64 Eutaw

A. T. Clarke M. D.
Medical Attendant.

Address, 235 Gough-st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 33365

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give street and number.} 1026 E Balt St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 12" 1881

Undertaker, M. A. Daiger

Place of Business, 14 E Bery

E. L. Shatton M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53366

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 1611 W Lombard St

Duration of Residence in the City of Baltimore, 1 day or so

Place of Death, {Give street and number} 1611 W Lombard St

Cause of Death, First, (Primary.) —

Second, (Immediate,) Malnutrition

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Used for Autopsies

Date of Burial, —

Undertaker, —

Place of Business, —

L L Billing M. D.
Medical Attendant.

Address, 1611 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 53367 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Muldoon

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 Griffis ct V

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cem

Date of Burial, Dec 13th 1881

Undertaker, Jas P. Byrne

Place of Business, 11 Front St

John A Steuart M. D.,
Medical Attendant.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by John E. Dunding

Board of Health, City of Baltimore,

Permit No. 53368 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Gibson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give street and Number.} 39 Arch St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate.) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 12th 1881

Undertaker, Hercules Ross

Place of Business, Conway St

James A Steuart M. D., Medical Attendant.

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined, I. C. Smith

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 53369

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Knoche,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~Child~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 39 Jackson St.

Cause of Death, First, (Primary.) Acute rheumatism.

Second, (Immediate.) Pericarditis

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 13 1881

Undertaker, C. A. Koenig

Place of Business, 196 E Baltimore

A. St. Eloi M.D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hogan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ... *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 N Eden St

Cause of Death, {First (Primary,) Dyspepsia Croup

Second (Immediate,) Spasm of Croup

Duration of Last Sickness, 2 d.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 12 1881

Undertaker, J. S. Byrne

Place of Business, 63 Hanover St

Jno. Miller M. D.
Medical Attendant.

Address 179

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of ... to ...

Board of Health, City of Baltimore,

Permit No. 53371 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, ~~5~~ 1 7

Place of Death, {Give street and number.} 103 West st.

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) .....

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sandy Spring Md,

Date of Burial, Dec 13th 1881

Undertaker, D. Flynn & Co

Place of Business, 109 West 41st

A. M. Ellis M. D.,
Medical Attendant.

Address, 310 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 24 4 3 Tom [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 53372

HEALTH DEPARTMENT
DEC 12 1881
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11 Dec. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Ehm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 420 N. Gay St

Cause of Death, First, (Primary.) Eklampsia

Second, (Immediate.) 3 days

Duration of Last Sickness, √

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Dec 13 1881

H. Hoffman, M.D.,
Medical Attendant.

Undertaker, J. H. Deakyne

Place of Business, Centralave

Address, 517 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decembr 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Stromen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 28 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 242 S. Durham St

Cause of Death, First, (Primary.) Cancer of the Rectum &c

Second, (Immediate.) 2 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, December 13th

Undertaker, Wendell Dippel

Place of Business, S. Bond St. 151

Thomas P. Evans M.D.,
Medical Attendant.

Address, 22 Gaughan Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 53374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, December 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Blazek

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* — *Months,* 18 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 28 Thames St

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 28 Thames St

Cause of Death, First, (Primary.) Stomatitis —

Second, (Immediate.) Necrotism of gums & Stomach

Duration of Last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, December 13th

Undertaker, Randall Diffel

Place of Business, N. Bond St. 151

G A Shuee M.D.,
Medical Attendant.

Address, 86 E Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53375

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fray & Ellen Gregory

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 82 *Years,* — *Months,* 2 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Private Teacher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 164 Craft St

Cause of Death { First, (Primary,) Organic Disease of Heart

Second, (Immediate,) 1 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 13 81

Undertaker, Andrew Denny

Place of Business, No 263 Light St

Geo H Jarrett M. D.
Medical Attendant.

Address, 164 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 53376 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie J. North

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 298 Light St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonitis.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 13 81

Undertaker, Ambrose J Devine

Place of Business, No 168 S Hall

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below. and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 53377

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decb 12/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Duvall Equitus

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} N° 345 Linden Ave

Cause of death, First, (Primary,)

Second, (Immediate,) Croup

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Dec. 13/81

Undertaker, STEWART & MOWEN,

Place of Business, UNDERTAKERS, 35 Park Ave.

J. D. Latimer M. D.,

Medical Attendant,

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Katz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 — *Years,* — *Months,* — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, — Tradesman —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 257 S. Bond St —

Cause of Death, First, (Primary.) Dyspepsia —

Second, (Immediate.) Paralysis —

Duration of Last Sickness, About 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, December 13

Undertaker, W Elias

Place of Business 101 Gough St

G A Dahms M.D.,
Medical Attendant.

Address, 8 E Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 53379 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Lutz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 100 Somerset St

Cause of death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Eclampsia

Duration of Last Sickness, 2nd (1) Day

All the above information should be furnished by the Physician.

Place of Burial, Ft. James Cl

Date of Burial, Dec 15 1881

Undertaker, Henry Hoeck & Son

Place of Business, 309 N. Central Ave *Address,* 479 N Gay St

C. E. Wiesner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 53380 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Dodson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Nine *Months,* ..... *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 1881 Regester

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 13th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Walker R. Way M. D.,
Medical Attendant.

Address, 321 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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No. 5330

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 15 1891 BALTIMORE

Permit No. 53381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reisinger

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 89 *Years,* 1 *Month,* 10 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Bremen~~ Germany 60 yrs.

Duration of Residence in the City of Baltimore, ~~Lifetime~~ 60 yrs.

Place of Death, {Give street and number} 51 Bruce St.

Cause of Death, First, (Primary.) Senile gangrene

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Dec 14

Undertaker, C. H. Blizzard

Place of Business, 241 N

Wm B Canfield M. D.
Medical Attendant.

Address, 246 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53384

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan'l. Gosweiler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Limeburner

Birthplace, {State or Country and how long in the United States, if of foreign birth.} La.

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 454 N. Fremont Ave.

Cause of Death, First, (Primary.) Paralisis of heart

Second, (Immediate.) " " "

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 13

Undertaker, C. W. Blizzard

Place of Business, 207 Penn

J. M. Christian M.D.,
Medical Attendant.

Address, 431 Lemmon Ave.

Extract from Regulations of the Board of Health to Secure a [illegible]rrect Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That wh[illegible]r any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or t[illegible]roner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other p[illegible] superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition [illegible]ther married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegit[illegible]ildren.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53383

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12th Dec, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maie Wendel

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} Cor. West & Battery Avenue

Cause of Death, First, (Primary.) Child birth

Second, (Immediate.) Puerperal Fever

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cmty

Date of Burial, 14th Dec

Undertaker, B. Harle

Place of Business, 82 West Pratt

A. W. Dodge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53384 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Burr

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days.* 27

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and Number.} 86 Payson St

Cause of Death, First, (Primary,) Hydrocephalus (Congenital)

Second, (Immediate,)

Duration of Last Sickness, 3 mos 27 days

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, December 13 James Bosley M. D.,

Medical Attendant.

Undertaker, John P. Kirby

Place of Business, 66 Fruitst *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53385

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rieley

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Plumber

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} 39 Appleton st

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate.) Gastritis

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec. 14 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

E. Lucierhof M.D.,
Medical Attendant.

Address, 427 W. Fayette st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53386

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Ragl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gardener

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 37 N. Poppleton St

Cause of Death, First, (Primary.)

Second, (Immediate.) Senile Bronchitis.

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Dec. 14' 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. W. Owings *M.D.,*
Medical Attendant.

48

Address, McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 53387

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MED. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Heel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow, or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 548 N Pratt St

Cause of Death, First, (Primary,) Scarlatina Malignus

Second, (Immediate,)

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 14th 1881

Undertaker, Jos B Loch

Place of Business, No 707 W Baltimore Street

A. W. Carter M. D.
Medical Attendant.

Address, 243 Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 53388

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Walter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 733 W Baltimore St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) —

Duration of last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec 14 1881

P. S. Field M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 507 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53389 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Webb

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 Yrs *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number.} 283 Druid Hill av

Cause of death, First, (Primary,) Rheumatism

Second, (Immediate,) & Pneumonia

Duration of Last Sickness, 3 weeks about

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Decem 14 1881

Undertaker, M a Daiger

Place of Business, 745 Bway

W H Hammond M. D.,
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Phy... is respectfully invited to the Remarks Below and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53390 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leland B. Wooten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Randall st 3rd dor from Hanover st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 14th 1881

Undertaker, Louis Koehler

Place of Business, Sharp & Cross sts *Address,* 151 Hanover St

I. C. Buck *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 53391

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence D Thomas

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *2* *Months,* *5* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 40 Hill

Cause of Death, First, (Primary.) cold –

Second, (Immediate.) convulsions ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, December 14

A. M. Dodge *M.D.,*

Medical Attendant.

Undertaker, H Ross

Place of Business, 95 Donaldson St *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 53392

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Schriel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, about 48 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation, Oyster dredger

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } # 62 York St

Cause of Death, First, (Primary.) Intermittent fever

Second, (Immediate.) " Congestive

Duration of Last Sickness, About 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 12/81

Undertaker, Fred'k A Kechner

Place of Business, 50 Carrollton Ave

S. A. Bell M.D.,

Medical Attendant

Coroner — De Dis

Address, 141 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53393 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Durall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Fifty-eight *Years,* Eleven *Months,* Three *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Carter ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co. Md.

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, {Give street and number.} No. 97 Orchard St.

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,) Consumption

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Dec 14 81

Undertaker, Abt Hemsley

Place of Business 116 Orchard St

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53.394

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* —— *Months,* —— *Days.*

Color, Whit-

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} 99 Elliot St.

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, R. Patricks Cem.

Date of Burial, Dec. 13th 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

T H Lucian M.D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Philips

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 25 Collington ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ———

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec. 13th 1881

J. E. Whitford M.D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Continue

Address 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Mitchell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 2 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7. L Church

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, Dec 13th 1891

Howard Cook M.D.
Medical Attendant.

Undertaker, C. F. Kramer

Place of Business,

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
DEC 13 1887
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Joseph McKenna

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 294 W. Lombard St.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Systemic Poisoning

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 14th

Undertaker, H. C. Wiedefeld Address 167 Park av.

Place of Business, 90 Greenmount av

L. L. Lindsay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53398 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Ehrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 162 S. Caroline St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 14th day of December

Undertaker, Ambrose Kocher

Place of Business, 2146 Lombard

D. Kelly *M. D.,*
Medical Attendant.

Address, 162 S. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53390

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART DEC 13 1881 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Matthews

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* — *Days.*

Color, Mulatto.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 334 Vine St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Typho-Malarial fever

Duration of Last Sickness, One and half week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 13 1881

Undertaker, William Munger

Place of Business, No 625 W Lombard St

H. H. Goodman M.D.,
Medical Attendant.

Address, 644 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53400 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Kemp.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Seven *Years,* *Months,* *Days.*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} No. 1 Greenewillow al.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Suffocation

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Dec 14th 1881

Undertaker, Saml J. Chase

Place of Business, 18 S. Howard St.

F. B. Garner M. D.,
Medical Attendant.

Address, 120 N. Greene al.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Phys... is respectfully invited to the remarks below, and to ... on of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53401

HEALTH DEPARTMENT, BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12/1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Caldwell,

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 5 *Years,* 6 *Months,* *Days.*

Color, Blk *Sex,* F.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 Bolton Alley,

Cause of Death, First (Primary,) Diphtheria (Maligna),

Second (Immediate,) Convulsions —

Duration of Last Sickness, 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 14th 1881

J. L. Ryle M. D.
Medical Attendant.

Undertaker, Chas T. Senivers

Address 247 Lanvale st —

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

It might be well for the Dept. to inspect the prem...

No. 53402

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53402

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson (Mother)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 9 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 39 Arch Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1887

Undertaker, Hercules Ross

Place of Business, Conway St

C. H. Taft M. D.
Medical Attendant.

Address, 306 N. Hazelton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53403 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gisfel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 31 yrs

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of death, First, (Primary,) Necrosis of Sternum

Second, (Immediate,) Exhaustion Suppuration

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 16 1881

Undertaker, Schultheis

Place of Business, Monument Square

Oscar J. Carlson, M. D.,
Medical Attendant.

Address, 188 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53404

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Dec 12th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Highland

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No 132 N Edmondson

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate.) Comen ~~4 months~~

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 13th 82

Undertaker, Charles H White

Place of Business, 39 Granby st

Saml Powell M.D.,
Medical Attendant.

Address, No 29 Augusta st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

No. 53403

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec – 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Miller (Mother)

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 2 ½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 161 W Lombard St

Duration of Residence in the City of Baltimore, 2 ½ days –

Place of Death, {Give street and number} 161 W Lombard St

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Premature ? Mal Nutrition

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Wood Lawn

Date of Burial, Dec 15th

Undertaker, Museum

Place of Business, ____

L. L. Sutting M. D.
Medical Attendant.

Address, 161 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53406

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 13, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles McE. Boblitz,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~Child~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~~185 S. Chester St.~~ Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 185 S. Chester St.

Cause of Death, First, (Primary.) ✓

Second, (Immediate.) Trismus Nascentium.

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Dec 14th 1881

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

A. D. Esich M.D.,
Medical Attendant.

Address, 924 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53407

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th, 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gronling

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 656 Aliceanna St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Chas. W. Chuckle M.D.,

Date of Burial, Dec. 15th, 1881 Medical Attendant.

Undertaker, H. Evans

Place of Business, No. 280 Canton Ave *Address,* 28 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and [illegible] Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53408 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Dimick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 98 S. Wolf

Cause of death, First, (Primary,) Phthisis Pulm

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 15th 1881

Undertaker, M. France

Place of Business, No. 280 Canton Av. *Address,* Calvert & Lexington

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of P[illegible] is Respectfully Invited to the Rema[illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53409 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13: 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Bucups

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 83 N. Caroline St. ✓

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Fifteen Days since Nov. 14: 1881

Duration of Last Sickness, " " " " " "

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 14/81

Undertaker, [illegible] Lee

Place of Business, [illegible] W Broadway

James E. Donlin M. D., Medical Attendant.

Address, 991 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53410 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec ~~24~~ 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Simmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* 23 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} ~~44 S. Vaca~~ 142 Scott

Cause of death, First, (Primary,) Pleuro-pneumonia,

Second, (Immediate,)

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cty

Date of Burial, Dec 14th 1881

Undertaker, John S Thacher

Place of Business, No 150 Lombard

J H Emmey M. D.
Medical Attendant.

Address, 76 S Vaca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

53411

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd L. Taylor Jr

Sex, Male or Female, {cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} #468 Eutaw Place

Cause of Death First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Dropsy & Bright's Disease

Duration of last Sickness, 2 Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 15th 1881

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Stewart & Marran

Place of Business, 35 Park Ave *Address,* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53412 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Liston

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 415 S. Chapel St

Cause of Death, First, (Primary.)

Second, (Immediate,) Spasms ~~~~

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Dec 14th 1881

Undertaker, John W. Locke

Place of Business, S. Wolfe St *Address,* Comm of Health & Registrar

James A. Steuart M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by Geo E. Taylor

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Finstein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months 12 days

Place of Death, {Give street and number.} 815 W Pratt St.

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery *Wm D K Lankin* M. D.

Date of Burial, 13th Dec 1881 Medical Attendant.

Undertaker, P. Kümmel

Place of Business, 317 Mulberry St. *Address* 763 W Pratt St. Balt Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseas[illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53414 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Spies

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 4 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nun

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 47 years in US

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number.} 210 N Central ave

Cause of death, First, (Primary,) Heart Disease (for many years)

Second, (Immediate,)

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 14 81

Undertaker, H. N. Troll

Place of Business, 131 Hanover St

Edm D Walker M. D.,
~~Medical Attendant.~~

Address, Same

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of P[illegible] respectfully [illegible] Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 53415 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Married. (Mehring)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 81 Years, 2 Months, Days.

Color,

~~Married, Single, Widow or Wi~~ {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 29 E Pennsylvania Ave

Cause of death, First, (Primary,) Old age.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by ~~the Physician~~.

Place of Burial, Germ'n Luth'n Friedhof

Date of Burial, Dec. 15th 1881

Undertaker, Adam Weidemeyer

Place of Business, 518 [illegible]more St.

L. Wichard M. D.,
Medical Attendant.

Address, 130 Pennsylvania Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2 3 7 2 8

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53416

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} 36 Bond St

Cause of Death, First, (Primary.) Inflamation Bladder

Second, (Immediate.)

Duration of Last Sickness, abt 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec. 15th 1881

Undertaker, M A Daiger

Place of Business, 74 W Pratt

Geo. L. Kinnemon M.D.,
Medical Attendant.

Address, East Dept

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53417

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 yr 7 mo

Place of Death, {Give street and number.} Vine st 242

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chapel st. County

Date of Burial, Dec 14th 1881

Undertaker, Saml. W. Chase

Place of Business, 198 E Howard St.

[signature] M.D.,
Medical Attendant.

Address, 216 W. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53418 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, DEC 12 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Bullinger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5

Place of Death, {Give street and number.} 358 Light St

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Dec 14th 1881

Undertaker, Armistead Dem

Place of Business, 263 Light St

C. W. P. Ellis M. D., Medical Attendant.

Address, 318 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53419

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah F. Elder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 118 N. Durham

Cause of Death, First, (Primary.) Edema of the lungs

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, December, 14

Undertaker, Louis Haack

Place of Business, 240 S. Bond st.

[illegible] *M.D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physician is for Burials, to the Office where issued, Saturday of each week. Back of this Certificate.

Board of Health, City of Baltimore,

5342 24

Permit No. 53420 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 13 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Hooke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and number.} 135 Johnson st

Cause of death, First, (Primary,) diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphons Cemetry

Date of Burial, Decemb 14

Undertaker, B. Marle

Place of Business, 42 West St.

W. H. P. Ellis M. D.,
Medical Attendant.

Address, 3 E Lyon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT DEC 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Keenaber

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 73 *Years,* 5 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, labour

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover

Duration of Residence in the City of Baltimore, fourty years

Place of Death, {Give street and number} no 27 Armstead land

Cause of Death { First, (Primary,) Chronic Diarhoea / Second, (Immediate,) Exhaustion

Duration of last Sickness, two years confined to bed about two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alyssons Cemetry

Date of Burial, Dec 13

Undertaker, B Haile.

Place of Business, 82 West St.

F. Christian Landrock M. D.
Medical Attendant.

Address, 229 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53422 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Dolsinger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Three *Years,* Two *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 272 Ramsay St

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) & Pneumonitis

Duration of Last Sickness, Twelve (12) days

All the above information should be furnished by the Physician.

Place of Burial, Howard Co Md

Date of Burial, Dec 15th 1881

Undertaker, J. B. Cook

Place of Business, W. Balto St

J. C. Shriner *M.D.,*
Medical Attendant.

Address, 41 N Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53423

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Johnson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, —— *Years,* —— *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 107 Pearce St

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give street and number } 107 Pearce St

Cause of Death { First, (Primary,) Consumption

, { Second, (Immediate,) ——

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14th 1881

Undertaker, Jos E Jones

Place of Business, 63 Pitt

H A Gillis M. D.
Medical Attendant.

Address, 50 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks [illegible] Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53424 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dublin Ireland

Duration of Residence in the City of Baltimore, about 45 years

Place of Death, {Give street and number.} No 119 N Durham St

Cause of death, First, (Primary,) Pneumonia (acute)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent

Date of Burial, Dec 14

Undertaker, Mr Ruppert

Place of Business, No 261 Pen Ave

Geo H Porter M. D.,
Medical Attendant.

Address, 222 N Durham

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 59425

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mutons

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary.) Peritonitis & intestinal obstruction

Second, (Immediate.) as then'd

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15

A West M. D.
Medical Attendant.

Undertaker, W Dobbs

Place of Business, 2 Bonn[illegible] *Address,* University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] Cases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53426 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Fortie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 18 S. Stockholm St.

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Dec 15 1888

Undertaker, William Berger

Place of Business, No 62 East Street

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Dis... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53427 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 14 BALTIMORE

Date of Death, Dec. 13/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence J. McGlynn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 34 Lexington Alley

Cause of death, First, (Primary,) Scrofula.

Second, (Immediate,) Catarrh & Dentition

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 15th 1881

Undertaker, Chas. F. Denison

Place of Business,

Edwd. P. McDevitt *M. D.,* Medical Attendant.

Address, 169 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 53428

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gorman

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number } 121 Maryland ave

Cause of Death, First, (Primary,) Acute Softening of the Stomach

Second, (Immediate,) Asthenia

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Dec 15th 1881

D. Symes M. D.

Medical Attendant.

Undertaker, Chas. T. Sensier

Place of Business,

Address, 257 Maryland ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permits for Burials, to the Office [illegible]

No. 53429

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15 — 81 —

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Mineyed

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 13 Yrs

Place of Death, { Give street and number } Shed at Home, Lafayette St. Broadway

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem Co

Date of Burial, Dec. 15. 81

F. D. Gatch M. D.
Medical Attendant.

Undertaker D. D. Koering

Place of Business, 97 Orleans

Address, Shed at Home Lafy

2446 Fraser

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

53430

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gaskins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* a very short time *~~Days~~.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 225 Gough St Balto Md.

Duration of Residence in the City of Baltimore, Dressing life

Place of Death, {Give street and number} 225 Gough Street

Cause of Death, First, (Primary.) 1 Asphyxia at birth

Second, (Immediate.) 2

3

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec 9th 1881

Undertaker, Patrick Mullin

Place of Business, S. P. Park ave

Chas. M. Wyeth M. D.
Medical Attendant.

Coroner E. C.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53431 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida D. Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 10

Place of Death, {Give street and number.} E. Williamson

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 16 1881

Undertaker, Armstrong & Jenny

Place of Business, 263 Light St, *Address,* 3 13 Light

A. P. Ellis *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of F... ...the Re... ...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33432, *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter H. Wells

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 327 N. Durham St.

Cause of death, First, (Primary,) ...

Second, (Immediate,) Marasmus

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Decem 15-1881

Undertaker, Henry Hirsch

Place of Business, Canton

Geo. F. Dowler M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53433

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Yeats

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, ed

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number.} Chestnut st 143

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 weeks + 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15th 1881

Undertaker, Wm H Burgee

Place of Business, 62 East st

E C Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53434 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest M. Ridgely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 5 *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 16 Harmoney Ga-

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Two (2) Mos.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 15th 1881

Undertaker, Wm H. Burgee

Place of Business, 62 East St

H. L. Sachs M. D.,
Medical Attendant.

Address, 357 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53435 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Vinton James

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 2 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drug clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 90 N Bond St

Cause of death, First, (Primary,) Consumption - pulmonary

Second, (Immediate,) "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 18th 1881

Undertaker, Wm H. Buckmyer

Place of Business, 1234 Bond

W E Lyeth M. D.,
Medical Attendant.

Address 81 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53436 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec - 14 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Machwerth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 55

Place of Death, {Give street and number.} 112 Cross

Cause of death, First, (Primary,) Gastritis

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 16

Undertaker, B. Hall

Place of Business, 62 West St

C. M. O. Ellis *M. D.,* Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Caldwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Blk *Sex,* M.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} × 2 Balkore Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Pseudo-Membranous Laryngitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem J. L. Ingle M. D.

Date of Burial, Dec 16 1881 Medical Attendant.

Undertaker, Thos. J. Scriven *Address* 247 Lawale st

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Pagane call the attention of the Dept. to these

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53438

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H N Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* 0 *Months,* 2 *Days.*

Color, white

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, retd Merchant.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 62 years.

Place of Death, {Give street and number.} No 402 Eutaw Place

Cause of Death, First, (Primary) died suddenly - from natural causes - Second, (Immediate.) (either Apoplexy - or Heart disease)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charlestown W. Va

Date of Burial, 17th Dec 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

Ruggin Buckle. M.D.,

Medical Attendant.

Address, 135 N Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit No. 21407

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53439 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 14/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Webster Sullivan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~1~~ *Years,* 7 *Months,* 13 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 31 S Carrollton Ave

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 15th 1881

Undertaker, Geo B Loch

Place of Business, No 707 W Baltimore St

W C Hamilton M. D.,
Medical Attendant.

Address, W C Hamilton 5 Sachem St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] to the Remarks below, and [illegible] Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 534440 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } # 193 N. Gay st

Cause of Death, First, (Primary,) Villous cancer of bladder (Supposed to be

Second, (Immediate,) .....

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Dec 16 1881

Undertaker, John W Jackson

Place of Business, Cor Caroline & Gay sts

Geo. A. Hartman M. D.,
Medical Attendant.

Address, # 305 N Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, to be issued before [illegible] 53441

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53441 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Dec. 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Wise

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} # 207 Central Ave

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 17 Dec 1881

Undertaker, John W Jackson

Place of Business, Cor. Cordine & Fay.

Wilmer Brinton M. D.,
Medical Attendant.

Address, 25½ Government Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53442

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Morrison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} 35 Stockholm St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 7 Months Phthisis 10 days Pneumonia

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 15 1881

Undertaker, C F Krause

Place of Business, 269 Hanover

Frank Gaske M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials [illegible] ...day of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53443

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 11th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Lancaster Co. Pa.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 9 Morris Al.

Cause of Death, First, (Primary.) Phthisis Pul.

Second, (Immediate.) —

Duration of Last Sickness, Unknown - saw the case the first & only time last July. Know nothing about the case

All the above information should be furnished by the Physician.

E B Burton M.D.,

Medical Attendant.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 15 1881

Undertaker, W. H. Bishop Jr.

Place of Business, 97 Druid Hill av.

Address, Howard Free Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 33444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53444 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis H. Haslem

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* — *Months,* — *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Pattern maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 269 N. Carolina St

Cause of death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Coma

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brea

Date of Burial, Dec 16 1881

Undertaker, Jno P Byrne

Place of Business, Funeral

J. Wilson M. D.,
Medical Attendant.

Address, 479 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permits for Burials, in the Office where issued, Saturday of each Week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53451

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH BOARD PRESIDENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Coleman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 142 Raborg St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 Jasper St

Cause of Death, First, (Primary.)

Second, (Immediate.) Smothered

Duration of Last Sickness, ~~—~~

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Dec 15th 1881

Undertaker, F. A. Kerchner

Place of Business, ~~—~~

Alexander Tinley M.D.,
Medical Attendant

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53446 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 14. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mullikin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 4 *Days.*

Color, wht

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 313 N. Howard

Cause of death, First, (Primary,) Cyanosis neonatorum

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 16th 1881

Undertaker, Andrews & Rodgers

Place of Business, 416 N Howard

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53447

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Bloom

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 20 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Music teacher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} 80 Fairmount Av.

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 18 81

Undertaker, Fry & Son

Place of Business, 810 Broadway

D. S. Dallas M.D.,
Medical Attendant.

3 N. Eutaw

Address, 27 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53448 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dodd Garber

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 67 S Gilmor St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial Dec 17th 1881 James Bosley M. D.,

Undertaker, S. M. Leonard & Son Medical Attendant.

Place of Business, 732 W Baltimore St *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 53449

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Fifteenth December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Briscoe

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One Years, Months, Eleven Days.

Color, Coloured

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number} No 1 Howes court

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Convulsions

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 16th 1881

{ Undertaker, Samuel H. Ware
Place of Business, 198 E. Howard St

W. Christian Sandrock M. D.
Medical Attendant.

Address, 229 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY, CITY PRINTERS AND STATIONERS.

Permits for Burial ... whence issued, Saturday ...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53458 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Reuer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty — *Years,* — *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Saloonist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 324 Edward St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Uraemia - Coma

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, Dec 15th 1881

Undertaker, Jno. F. Clark

Place of Business, 129 S. Howard St

Whitfield Keeney M. D.,
Medical Attendant.

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53451

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No 85 Sterling Street

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cemetery

Date of Burial, Dec 16th 1881

Undertaker, Sam'l W. Chase

Place of Business, 178 S. Howard St.

Saml E. Powell M.D.,

Medical Attendant.

Address, No 19 Augusta St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53452 *Office of Registrar of Vital Statistics.* Ward 15 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Gates

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 24 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Ill

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 261 Hughes St

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 15th 1881

Undertaker, Saml. W. Chase

Place of Business, 198 S. Howard St

W. S. Bozle M. D.,
Medical Attendant.

Address, 261 Hughes St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53153 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Snowden Father

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 2 Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 2 Booth St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Dec 15th 1881

Undertaker, W. M. Dungey

Place of Business, East St. Address,

Thos A Steuart M. D., Medical Attendant.

Comm of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by - John E. Dunning

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Rules and Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 534524 *Office of Registrar of Vital Statistics.* Ward 20 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color, ed

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 96 St. Mary St

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial W. Public Cemetery

Date of Burial, Dec. 15th 1881

Undertaker, Fred A. Kerchner

Place of Business, 52 S. Carrollton Ave

Attended, M. D.,

Address, Comm. of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo. E. Bamm

P. V. Fitzpatrick Inspector

The Special Attention of Physicians is respectfully called to the Permits for Burials, to the Office whence issued, Saturday of each week. Lack of this Certificate

Board of Health, City of Baltimore,

Permit No. 53455 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nagen Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 94 *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co MD

Duration of Residence in the City of Baltimore, about 30 years.

Place of Death, {Give street and Number.} 146 York St

Cause of Death, First, (Primary,) old age.

Second, (Immediate,) Apoplexy

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Dec 16 - 1881

Undertaker, William Gray.

Place of Business, 65 Mulberry St

Thos A Allen M. D.
Medical Attendant.

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by J Chas. E. Dunning

Permits for Burials, to the Office where issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53456

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE, MD.

Date of Death, Dec 14th. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Shirley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bedford Co. Penn. Twenty Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 156 East St.

Cause of Death, First, (Primary.) Chronic Pleurisy & Heart trouble.

Second, (Immediate.) Suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 16 1881

Undertaker, Jas P Byrne

Place of Business, Frontst

Henry Smith, M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53457 *Office of Registrar of Vital Statistics.* Ward 18th 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 15 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 15 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H Helms

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 92 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} Baltimore & Oregon Sts.

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Fowblesburg Station N. C. R.R.

Date of Burial, Dec. 16. 1881.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

W Kramer M. D., Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

2468 Franklin

Permits for Burials, 6 th... ...ssued Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53458

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Kaufman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 343 Orleans St

Cause of Death, First, (Primary.) Hydrocephalus acutus

Second, (Immediate.) Edema of

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 16 1881

Undertaker, John Hoeveler

Place of Business, 292 Edmondson Ave

J. Thos. ..... *M.D.,*

Medical Attendant.

Address, W. S. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 33459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33459 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Kraus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} S W cor Mulberry & Myrtle ave.

Cause of death, First, (Primary,) Catarrh Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, 6 day.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 17 1881

Undertaker, Matthew Corcoran

Place of Business, 227 Mulberry St

Louis Kahn M. D.,

Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for ... whence issued, Saturday of each week. 53460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53460

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dcembr 15th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Williams

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Maried

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St Josephs Hospital ✓

Cause of Death, First, (Primary.) Bronchitis Acute

Second, (Immediate.) Laryngismus Stridulus

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 16 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Robt W. Johnson M.D.,
Medical Attendant.

Address, 70 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Act [illegible] List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53461 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James S Hill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and Number. } 952 N Balto St

Cause of Death, First, (Primary,) Gastro-enteritis

Second, (Immediate,) .....

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Dec 16' 1881

Undertaker, L. B. Cook

Place of Business, 707 W. Baltimore *Address,* 819 N Collins st

James Bosley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. , *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 33462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 33462, *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E Pierce

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* 20 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 49 Watson st

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, B 25 Nov

Undertaker, M D Banks

Place of Business, Baltimore

J. Ridgeway Andrew M. D.,
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office whence issued, Saturdays at one o'clock.

No. 53463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Rebecca Penn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 4 Donnelly's Court

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Dec 15 4

{ *Undertaker,* A Traynor
{ *Place of Business,* 13 Saratoga St.

Silas N Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

19 Permits for Burials, to the Office whe... ...urday of each week.

No. 53464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th Dec. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Young

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (And how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} No. 11 Carlton st

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,) }

Duration of last Sickness, 4 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem. ✓

Date of Burial, Dec 16 1881

E. F. Benson M. D.
Medical Attendant.

Undertaker, S. McCrase

Place of Business, 198 Harwood

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials to the Office whence issued Saturday of each week.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53465

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15- 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Serena Albrek

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} York.

Duration of Residence in the City of Baltimore, About 10 yrs

Place of Death, {Give street and number.} 43 Lexington St Baltimore

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Syncope

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 17th 1881

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry, *Address,* 70 Cathedral St

Dr. Robt W Johnson,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53466 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Bailey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Princess Ann Somerset Co. Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 442 E. Hay street.

Cause of death, First, (Primary,) Means unknown.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Princess Ann Somerset County

Date of Burial, Dec. 16 1881

Undertaker, H. Evans

Place of Business, 240 Eastern ave

G. G. Lusk M. D.,
Medical Attendant.

Address, Balto & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2438 transit

[OVER.]

Permits for Burials to the Office will be issued Saturday of each week. 53467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53467 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gregory.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 363 William St.

Cause of death, First, (Primary,) Diphtheria.

Second, (Immediate,) Paralysis.

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Leadenhall Cem.

Date of Burial, Dec 16 '81

Undertaker, Andrew J. Dey

Place of Business, No 163 Light St. *Address,* 15-2 Sharp St.

R. J. H. Tall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 53468

Board of Health, City of Baltimore,

Permit No. 53468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 1881 BALTIMORE

Date of Death, Dec. 12, 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Quill

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 182 (?) Stricker St (152)

Cause of Death, First, (Primary,) Pelvic Cellulitis

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 14th 1881

Undertaker, Thos C Thorp

Place of Business, 100 E Balto

M. D.
Medical Attendant.

Address, 349 Lund

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

No. 53469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hollmann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 302 Montgomery St

Cause of Death { First, (Primary,) General weakness / Second, (Immediate,) Convulsions

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, December 17

Wm Gambel *M. D.*
Medical Attendant.

Undertaker, Ernst Schlemann

Place of Business, 210. Sharp Street *Address,* 170 N. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Permits for Burials, to the Office whence issued, Saturday of each week. is Respectfully Invited to the Remarks Below, and [illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53479 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 14 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver J. Talbot

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 45 Carlton St.

Cause of death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Dec 16 1881

Undertaker, Wilhelm Berger

Place of Business, No 62 East Street

J. Gray Smith M. D.,

Medical Attendant,

Address, Fremont and Lanvale Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 5347/1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53471 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or longer if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Scharpless

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 38 Portland

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, December 18th

Undertaker, Geo. Leimbach

Place of Business, No 389 W. Pratt Street

Edwd F. Buchholz M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] Permits for Burials, to the Office whence issued, Saturday of each week. Lack of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53472 *Office of Registrar of Vital Statistics.* Ward 1 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthony Dail

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~~~ Years, 1 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 30 S. Wolfe St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 16" 1881

Undertaker, M. France

Place of Business,

Jno A Ulman M. D., Medical Attendant.

Address, Comm of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by- Geo E. Taylor

Permits for Burials, to the Office whence issued, Saturday of each ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53473 *Office of Registrar of Vital Statistics.* **Ward** 17 9/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Arnold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 Bank [illegible]

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 19 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,*

..... *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Permits to the ... Sec whence issued. Saturday of each week. 53474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53474. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Abby Woolford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 326 W. Fayette St.

Cause of Death, First, (Primary.) Injury received by a fall

Second, (Immediate.) Collapse

Duration of Last Sickness, Five or six half days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 18th 1881

Wm W. Murray M.D.,
Medical Attendant.

Undertaker, Jno N Weaver & Co

Place of Business, 220 W Fayette St *Address,* 808 W. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of P... Permits for ... Respectfully Invited ... Office when ... Saturday of each week. ... Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 63475 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E Hertel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 28 days

Place of Death, {Give street and Number.} 90 Lee St

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) ds exhaustion

Duration of Last Sickness, 2 ll one week

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Sunday Dec 18

Undertaker, Warfield & Flood

Place of Business, W Lombard St *Address,* 64 N Paca St

W Hammond M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office [illegible] Special Attention of P[illegible] Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53476 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Lloyd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 10 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} #123. N. Spring St.

Cause of death, First, (Primary,) Phthis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitry

Date of Burial, Dec 16th 18,

Undertaker, Theodore J. Lodge

Place of Business, 73 Jefferson St

Geo. R. Taylor M. D.,
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53477 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Pluck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* 0 *Months,* 0 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Nine months

Place of Death, {Give street and number.} #486 Canton Av.

Cause of death, First, (Primary,) Typhoid Fever.

Second, (Immediate,)

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Hillsman Cem

Date of Burial, 18 Dec 1881

Undertaker, John D. Pluck

Place of Business, 265 Alice-ann

John H. Rehberger M. D.,
Medical Attendant.

Address, #1243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53478 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Marchant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 8 Mos

Place of Death, {Give street and number.} 128. S. Paca St.

Cause of death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of Last Sickness, 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 17th 1881

Undertaker, Wm J. Tichener

Place of Business, 65 S. Eutaw

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53479 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda O'Sullivan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 9 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 166 W. Wolf St

Cause of death, First, (Primary,) Congestion Brain

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, N. Bureau Co

Date of Burial, Dec 17 1881

Wm. L. Rumed M. D.,
Medical Attendant.

Undertaker, Henry Hoede & Son

Place of Business, 30 W. Central Ave *Address,* 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 53480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53480

HEALTH DEPARTMENT DEC 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burke

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27 Josephine St.

Cause of Death, First, (Primary,) unknown

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

Undertaker, J. B. Corle

Place of Business, Balt. St.

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 737 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to th[illegible]s Below, and to List of Diseases on Back of this Certificate.

Board of H[illegible]ody to, City of Baltimore,

Permit No. 53481 [illegible], Registrar of Vital Statistics. Ward 8 4

The Physician who atte[illegible] person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Friday Dec. 16th. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. Jackson, Emma

Sex, Male or Female, {Cross out the word not reqnired in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Matthews C. Va.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} # 31 E. Eager St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthma

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 18. 1881

Undertaker, E A Carman

Place of Business, 38 Eager St

Wilmer Souter, M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53482 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick William Lumkee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 Mos. *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 89 N Washington St.

Cause of death, First, (Primary,) Erysipelas

Second, (Immediate,) .....

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 17. 1881

Undertaker, John Hendrick

Place of Business, 38 Eastern Ave

James E Donnelly M. D., Medical Attendant.

Address, 199 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53483 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Labe Hummel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Store Keeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give street and Number.} 9 S. Front

Cause of Death, First, (Primary,) Profuse Haemorrhoidal haemorrhage

Second, (Immediate,) Collapse

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Saint Lemis

Date of Burial, December 18

Undertaker, W. Eibus

Place of Business, [redacted]

By A A Lee M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53484 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Katolick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* One (1) *Months,* — *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 11 Barnes St

Cause of death, First, (Primary,) Pseudo membranous Laryngitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cemetery

Date of Burial, Decbr 17th 1881

Undertaker, Adam Funk

Place of Business, 461 N. Bond St *Address,* 474 N. Bond St

T. Wallace M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53485 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John D. Jones

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Forty five *Years.* Eleven *Months,* — *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard County, Md.

Duration of Residence in the City of Baltimore, Three years.

Place of Death, { Give street and Number. } 294 McHenry St

Cause of Death, First, (Primary,) Valvular Disease of Heart

Second, (Immediate.)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial Ellicotts City, Md.

Date of Burial, Dec. 18th 1881

Undertaker, J. B. Cook.

Place of Business, 707 W. Balto. St. *Address,* 54 W. Fayette St

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53486 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C Seymour

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 206 Scott St

Cause of death, First, (Primary,) Asthenia

Second, (Immediate,) ~~Not~~ Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 17th 1881

Undertaker, Jos H Cook

Place of Business, No 707 W Balto St *Address,* 16 S Paca St

Geo D Dale M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spective Sextons of the Interment Bodies, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53487 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Byrne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 578 W. Pratt

Cause of death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, December 18

Undertaker, Joseph B Cook

Place of Business, 707 W Pratt

Edw. F. Mulholland M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53488 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Dexter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 21 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 181 N Bethel St

Cause of death, First, (Primary,) Catarrhal Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Dec 17th 1881

Undertaker, Thos. J. Locke

Place of Business, 73 Jefferson St

Geo A Pugh M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents-Lewis N. & Annie Davis

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Twelve *Days.*

Color, Black

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City—63 Carlton St.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No. 63 Carlton Street

Cause of Death, First (Primary,) Physical immaturity

Second (Immediate,) Hemorrhage from the umbilicus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp[illegible] Cemetery

Date of Burial, Dec 17 1881

Undertaker, William Berger

Place of Business, No 62 [illegible] Street

Ridgely Hammond M. D.
Medical Attendant.

Address Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53490

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th — 1881 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Gant —

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 0 — *Years,* 5 *Months,* *Days.*

Color, Black —

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 119 Vincent Alley —

Cause of Death, First, (Primary.) want of mother's milk —

Second, (Immediate.) Inanition —

Duration of Last Sickness, 4 or 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Dec 17 1881

Undertaker, Wilson Benge

Place of Business, No 66 Ost Street

R. H. Goldsmith — *M.D.,*

Medical Attendant.

Address, Harlem Av. and Calhoun St —

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53149 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alwin Stockel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wheelwright

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bremen

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 292 N Broadway

Cause of death, First, (Primary,) Typhoid Malaric Fever

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus, Cy

Date of Burial, Dec 18th

Undertaker, B. Kent

Place of Business, 82 West

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53492

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Reile

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Flag Man

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} No 13 Clarkson

Cause of Death, First, (Primary.) Hypertrophy of the Heart and

Second, (Immediate.) Disease of the aortic Valves

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 18.

Undertaker, B. Mark

Place of Business, 42 Worth St

C. L. Buddenbohn M.D.,
Medical Attendant.

Address, 166 Pine St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53493 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Berberic

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Meher St.

Cause of death, First, (Primary,)

Second, (Immediate,) Croup. Diphtheritic

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, H. R. [illegible]

Date of Burial, Dec 17

Undertaker, B. Hartz

Place of Business, 42 West St

R. J. A. Stull M. D.,
Medical Attendant.

Address, 132 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 33494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elgie Cohl Parks

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 6 yrs 9 mos

Place of Death, {Give street and number} 103 Goodman's Alley

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Gastritis

Duration of last Sickness, 26 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 19.

Undertaker, B. Hart

Place of Business, 82 West St.

Robert S. Lowe M. D.
Medical Attendant.

Address, 323 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53495 — *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Moulhaupt

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 55 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Werthime, Bavary, Germany 27 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Fellowstreet 39.

Cause of death, First, (Primary,) Apoplexia sanguinda

Second, (Immediate,)

Duration of Last Sickness, 30 minutes

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, December 19

Undertaker, H Imfeld

Place of Business, 147 Bond

William Henkel M. D., Medical Attendant.

Address, S. Wolfe str 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 88

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Noha

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cor Hudson & Hanover

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Hudson & Hanover St

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheria

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, December 17th D. S. Martin M. D.
Medical Attendant.

Undertaker, Handel Dippel

Place of Business, S. Bond st. 133 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53497 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death. Dec 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} no name Talbot

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 16 hours *Months* ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, baby

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 462 E Monument St

Duration of Residence in the City of Baltimore, 16 hours

Place of Death, {Give street and Number.} 462 E. Monument St

Cause of Death, First, (Primary,) Mal-Nutrition in Utero

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, Dec 17 1881

Undertaker, Roy & Fry

Place of Business 97 W Broadway

Thos Morris M. D.,
Medical Attendant.

Address, 5 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53498

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Teresa Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 4 *Months,* ~~—~~ *Days.*

Color, Bright

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.)

Second, (Immediate.) Meningitis Simple child was in a dying condition when brought into the Institution and has been sick 8 days

Duration of Last Sickness, ~~in~~ 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec 17 1881

Undertaker, P. Mullen

Place of Business, ~~—~~

T. J. Ward M.D.,
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53499 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McGary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Longford, Ireland 18 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 353 E. Eager st.

Cause of Death, First, (Primary,) Senility

Second, (Immediate.)

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial Greenlawn, Balt. Co

Date of Burial, Dec 18 1881

Undertaker, Henry Hoelzer Son

Place of Business, 307 N. Central Ave

G. A. Hartman M.D.
Medical Attendant.

Address, 307 N. Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53500 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Fred Loocer Pound

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 5 Months

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 35 E. Lombard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial, Dec 17th 1881

Undertaker, Rau & Bartell

Place of Business, W. Balto St

Medical Attendant

Address, Comm of Health

H Regis

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd Geo E. Taylor

Board of Health, City of Baltimore,

Permit No. 53501 *Office of Registrar of Vital Statistics.* Ward Seventh

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E Rogers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 35 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 days

Place of Death, {Give street and Number.} 71 E Biddle St extended

Cause of Death, {First, (Primary.) Pneumonia

{Second, (Immediate.)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial ~~Dec 18 1881~~ Ball cemetery

Date of Burial, Dec 18 1881

Undertaker, James O Byrne

Place of Business, No 63 N Howard St

H Hartman & Son M. D.,
Medical Attendant.

Address, 305 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Mary Hollman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* 29 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 302 Montgomery St

Cause of Death First, (Primary,) Rupture of uterus

Second, (Immediate,) Septicaemia Peritonitis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec. 18

Undertaker, Geo. H. Schuman

Place of Business, 200 Setter St *Address,* 170 S. Sharp St

Wm Gomlek M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53503 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche M. Barranger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 97 Parkin St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheritic Croup.
Two (2) Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dec 16th 1881

Date of Burial, Loudon Cemetery

Undertaker, P. Seewald

Place of Business, 35 E. Eutaw St. *Address,* 387 W. Lombard St

J. J. Lucas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Notice.

Board of Health, City of Baltimore.

Permit No. 53504

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward McTerry

~~*Sex,* Male or Female~~ {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 13 Willow St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, December 19

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Charles O'Donovan M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

53505

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lorelia Duke

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } ..... Months, 12 Days.

Age, 30 Years, 1

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 1841 N. High St

Cause of Death, { First, (Primary,) Phthisis Pulmo
Second, (Immediate,) .....

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Balto Co'nd

Date of Burial, Dec 17th 1881

{ Undertaker, James P. Byrne
{ Place of Business, 687 N. Front St } Address, 5 Fountain Pl

J. M. Morris M. D.,
Medical

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53505 — *Office of Registrar of Vital Statistics.* — Ward 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker, or other person having charge of the remains, before burial, and if required by the Undertaker, or other person having charge of the remains, before burial, and if required by the Undertaker, or other person having charge of the remains, before burial, and if required by

Board of Health, City of Baltimore,

Permit No. 53306 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burmingham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 415. S Eutaw St

Cause of death, First, (Primary,) Spina bifida

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Dec 19 1881

Undertaker, Julius Kaelber

Place of Business,

J. C. Buck *M. D.,*

Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53507 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Jno. Williams

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, ~~Years~~, ~~Months~~, 6 Hours ~~Days~~

Color, C & A

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Cor. Fremont and China Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Dec 17 1881

Undertaker, F. A. Kershner

Place of Business, S. Carrollton Ave

James H. Chew M.D., ~~Medical Attendant~~

Address, Commissioner of Health and Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53508 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Frank Niece

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balte Md ~~~

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 30 Bank St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 18th 1881

Undertaker, Wm. Lenk

Place of Business, Bank St

Thos A Shaw M. D.,

National Intelligencer

Address, Comm of Health

H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Leo E. Taylor S. I.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53509

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 17 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M Litzinger Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 443 - Calhoun St

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.)

Duration of Last Sickness, 9 - days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 18th 1881

Undertaker, Fitz Blumenthal

Place of Business, 736 Penna ave

H J Hauck *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgeanna Bayer,

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 4 *Years,* *Months,* 7 *Days.*

Color, White, *Sex,* F.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co —

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 486 Pa. Avenue,

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Pseudo-Membranous Laryngitis —

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Arlington Cemetery

Date of Burial, Dec. 18

Undertaker, Walter Conrad

Place of Business, 215 W. Biddle St

J. L. Ingle M. D.
Medical Attendant.

Address 247 Lanvale st —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 5551 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Dixon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 1297 E Lombard

Cause of death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, December 18th 1881

Undertaker, H. A. Gibmeyer

Place of Business, 341 Carlton ave.

J. Kelly, *M. D.,*
Medical Attendant.

Address, 1 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 27 Josephine St.

Cause of Death, First, (Primary,) Metritis

Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Bach Cemetery

Date of Burial, Dec 18, 1881

Undertaker, J B Cook

Place of Business,

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 137 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 55513 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Decr 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolca Müller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11. *Months,* 20 *Days.*

Color, Colith

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Born

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give street and number.} 108 Somerset St E

Cause of death, First, (Primary,) Erisipelas Membranous Laryngitis

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 3 Hours Days

All the above information should be furnished by the Physician.

Place of Burial, St James Ch

Date of Burial, December 19 1881

Undertaker, Henry Hooker & Son

Place of Business, 369 W Baltimore Address, 474 E Fayette St

F C Wilmer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55514 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. McCafferty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Hat Presser

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 132 Chew St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Bona Brae Ch

Date of Burial, Dec 19th 1881

Undertaker, Henry Hoeck & Son

Place of Business, 306 N. Eutaw *Address,* 317 N. Broadway

J. W. White, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55515 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sydney Hynson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, {Give street and number.} 6 Peach Alley

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18th 1881

Undertaker, Geo. W. Perkins

Place of Business, 131 Henrietta St

C. W. Boyle M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 53516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sam Johnson

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 35 *Years,* 5 *Months,* 10 *Days.*

Color, Yalbor

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Labourer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Wilmington Del

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } 148 York St

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Phthisis Pulmonales One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18th 1881

Undertaker, Theo J Peeks

Place of Business, 173 Jefferson St

L. H. Wiley *M.D.,*

Medical Attendant.

Address, 153 Hanover St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 55517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 16th Dec. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Blume

~~*Sex,* Male *or Female,*~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 92 Fh. Avenue

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, Dec. 19

Undertaker, B. Hart

Place of Business, 82 West St

Augustus N. Hodge M.D.,
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55518 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie A. Schulz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 38 Franklin St.

Cause of death, First, (Primary,) Double Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 19th 1881.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

H. F. Hill M. D.,
Medical Attendant.

Address, 443 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 16 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCarthy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 106 Pattison ave

Cause of Death {First, (Primary,) Cancer of the face

{Second, (Immediate,)

Duration of last Sickness, Five year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 18th 1881

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

C. Frucett *M. D.*
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55820 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sonnebrun

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} .....

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 212 W Pratt St

Cause of death, First, (Primary,) X Dyphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 19-1881

Undertaker, C F Krause

Place of Business, 209 Hanover *Address,* 76 Stark

J H Harvey *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55521 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 16th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 10 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 390 S Charles

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 18 1881

Undertaker, D Flynn & Co

Place of Business, 102 West St

F. W. Webb Jr. M. D.,
Medical Attendant.

Address, 57 Barre.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 55525

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Philippine Brendann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 640 Lexington St

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Paralysis of Brain

Duration of Last Sickness, Been in declining health for 6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Hanover St Burying Ground

Date of Burial, Dec 19th 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 582 W Fayette St

W. R. McKnew M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55525 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Floyd Ray,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Most of his life.

Place of Death, {Give street and number.} 425 E. Chase Street.

Cause of death, First, (Primary,) Phthisis Pulmonalis. Hæmorrhage

Second, (Immediate,) removed from Chicago to Baltimore

Duration of Last Sickness, on the 13th of November last, has been under my Care since that date.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 19th 1881

Undertaker, Denny & Mitchell

Place of Business, 55011 Fayette St *Address,* 273 W Lexington St

John. J. A. Frazer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 55554 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cornelia Kenton

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, 5 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 114 E Fayette St

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) "

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Dec 19th 1881

Undertaker, Geo R Lark

Place of Business, No 707 W Baltimore St

H E Reynolds M. D.,
Medical Attendant.

Address, 59 Centre St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3525 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 18/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary C. Flack

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 87 S. Schroeder

Cause of death, First, (Primary,) .....

Second, (Immediate,) Spasms

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 19th 1881

Undertaker, Jos H Leach

Place of Business, No 707 W Baltimore Street Address, 814 W Lombard St

H L Shuman M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 55526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 18 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Lebe

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 6 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } Amity - street No near C

Cause of Death, { First, (Primary,) Pneumonia

{ Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 19

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

Dr Quinn

J H Miller *M. D.*

Medical Attendant.

Address, 28 Solon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 22

Board of Health, City of Baltimore,

Permit No. 13327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Welch

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 5 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 558 W Pratt

Cause of Death, { First, (Primary,) Dysentery Malignant

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Dec. 19 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

A. H. Luttn M. D.
Medical Attendant.

Address, 343 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 53328

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. McDowell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 73 N. Arlington Av.

Cause of Death, First, (Primary) ____ Second, (Immediate,) Morbus Caeruleus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 19th 81.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* 137 N. Carroll Ave

J. W. C. Addy *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 63529 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 3 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Varnisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 W. Fayette St

Cause of death, First, (Primary,) Meningitis - Spinal

Second, (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Ct

Date of Burial, Dec 21 1881

Undertaker, Fred Gaede

Place of Business, 2 & 4 S. Caroline St

Charles H. Thomas M. D., Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53530 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Welch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Md~~. Washington City

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 36 Fouson St. L. Point

Cause of death, First, (Primary,) Syphilitic origin

Second, (Immediate,) Neuralgia of Forehead (from Necrosis I think) (at slight intervals of relief)

Duration of Last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 19. 1881

Undertaker, M. A. Dugan

Place of Business, 74 S. Broadway

E W Janney M. D.,
Medical Attendant.

Address, 260 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... to the body to its Destination.

Board of Health, City of Baltimore,

Permit No. 53531

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Thurs December 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 4 *Months,* 1 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 67 Fairmount Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption of the Lungs.

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Dec. 19, 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

J. W. Hook M.D.,
Medical Attendant.

Address, 75 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53532 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine M. Uhlig

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 4 Holland St

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Nearly 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 20 1881

Undertaker, John Herwig

Place of Business, 382 Canton *Address,* 121 E Baltimore St

J. Ridgway Andre M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53533

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev J. F. Hoffmeier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clergyman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Lancaster, Pa

Duration of Residence in ~~the City of~~ Baltimore, 6 23 years

Place of Death, {Give street and number.} 235 St Paul St.

Cause of Death, First, (Primary.) Typhoid Malarial Fever.

Second, (Immediate.) Hypostatic Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md.

Date of Burial, Dec. 19th 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,*

M. Aug. Shultz, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2453 Transit

Board of Health, City of Baltimore,

Permit No. 53537

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 18th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bontage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 252 E. Madison st.

Cause of Death, First, (Primary.) Sloughing of bowel

Second, (Immediate.) Septicaemia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 19th

Undertaker, Geo Schilling

Place of Business, Ashland & Fremont

Jno. Brooke Boyle *M.D.,*

Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53535

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17- 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert- Simpson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 51 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 433 N Carey St

Cause of Death, First, (Primary.) Acute Congestion of the Brain

Second, (Immediate.)

Duration of Last Sickness, 7- Hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 19th 1881

H J Houck *M.D.,*
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* Cor Carey & Preston

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53536 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Sondheimer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany ✓ 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 41 Pearl St.

Cause of Death, First, (Primary,) Anaemia, Dropsy

Second, (Immediate,) Asthenia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, Feb 19th 1881

Undertaker, Wm Elam

Place of Business, 101 Gough St

A R Frudd M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53537 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Cohen

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany. —

Duration of Residence in the City of Baltimore, 43 years. —

Place of Death, {Give street and Number.} 5 Second St.

Cause of Death, First, (Primary,)

Second, (Immediate.) Apoplexy.

Duration of Last Sickness, One day —

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Dec 19th 1881

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

A. F. Erich M. D.,
Medical Attendant.

Address, 94 d Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53538 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen F Furist

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* 1 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} District Columbia

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 22 Center Market Space

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate.) Asthemia

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Dec 19 1881

Undertaker, Wm E Ahenouth

Place of Business, 336 Penna ave

Jno A Steffendeffer M. D.
Medical Attendant.

Address High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 53339

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Munyan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White –

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give street and number.} 386 E. Baltimore St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Typhoid Fever

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cunty.

Date of Burial, Dec. 20. 1881

Undertaker, L. H. Mears & Co.

Place of Business, 27 N. Hayette

S. W. Hoch M.D.,
Medical Attendant.

Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

24 52 Jan

Board of Health, City of Baltimore,

Permit No. 53540

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Todd.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States. If of foreign birth.} Talbot County. Md.

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number.} 6 Harford Ave.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, Dec 19th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Jno. S. Lay M.D., Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 2455

Board of Health, City of Baltimore,

Permit No. 53521

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Bendermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 193 Preston St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Dec 19th 1881

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave

C. Keller *M.D.,*
Medical Attendant.

Address, 89 Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53524/2 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 2/ 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Brehm

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and Number.} 5 New St

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile Phthisis

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 20th 1881

Undertaker, Geo Saffran

Place of Business, Penna Ave

John Morris M. D.,
Medical Attendant.

Address, 5 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Lynch

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundle County

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 429 Walker St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Westport Cem

Date of Burial, Dec 19 1881

A. L. Matthews, M. D.
Medical Attendant.

Undertaker, C. H. Chase

Place of Business, 192 Howard

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

245 6 Trans

No. 3 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sunday 18th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hoffer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} S. W. Corner Hanover & Lee's

Cause of Death, First, (Primary,) Carditis

Second, (Immediate,) Congestion of Brain & Paralysis

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 20th 1881

Undertaker, Th. Seewald

Place of Business, 35 S. Eutaw St

J. H. Pellman M. D.
Medical Attendant.

Address, 28 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53516 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Baker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 3 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 651 N. Fayette Street

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 20th of Dec.

Undertaker, John C. Pauline

Place of Business, 66 Frederick Ave. *Address,* Carrie P.O. Balto. Co.

Nicholas Holliday M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53516 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* it, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th Decr 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline H. Ludwig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 283 S. Charles st

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 20th 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 57 Barre t

H. W. Webb, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 2 Chestnut Court

Cause of Death {First, (Primary,) In Illness of Mind

Second, (Immediate,) Erysipelas of Testicles and Abdomen

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 19th 1881

Silas M. Hunter M. D.
Medical Attendant.

Undertaker, Chas Nichols

Place of Business, 33 Granby St

Address, 31a Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 5 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53518 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Henry

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 70 *Years,* ~ *Months,* ~ *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14

Place of Death, {Give street and number} 243 Conway

Cause of Death, First, (Primary,) Heart Failure

Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 18

Undertaker, [illegible]

Place of Business, [illegible]

Geo. W. Benson M. D.
Medical Attendant.

Address, 146 Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53519 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Claridge

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 218 William St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pleurisy

Duration of Last Sickness, 12 days -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 19 da am

Undertaker, Armstrong & Dorsey

Place of Business, 263 Light

R. J. N. Tall M. D.,
Medical Attendant.

Address, 15-28 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53550 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th day of December 1881,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty three Years, Eleven Months, — Days.

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since a small child

Place of Death, {Give street and Number.} # 146 Hollins St.

Cause of Death, First, (Primary,) Rheumatism of heart

Second, (Immediate,) "

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, 20th Dec. 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balt. St. *Address,* 584 W. Fayette St.

J. Cushing M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 53537

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 18. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Braxton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~11~~ *Years,* *Months,* 17 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 14 Upton St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Upton St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 20

Undertaker, C W Lippard

Place of Business, 207 Penna Ave

Alexander Tinsley M.D.,
~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 53552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1881

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Norton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and number} 17 Constitution st

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.)

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 19 1881

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 68 Gunther st *Address,* 319 N. Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Back of Blank.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Thomas

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, C

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number} No. 58 Druid St.

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,) 8 Dys.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 21 1881

C. M. Metz M. D.
Medical Attendant.

Undertaker, J. W. Shaw

Place of Business, 90 Broadway

Address, 306 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Henson

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 38 Canal al

Cause of Death { First, (Primary,) Lobular Pneumonia / Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, 19th Dec 1881

Undertaker, Wm Perkins Jr

Place of Business, 191 Hanover

R Hinslow M. D.
Medical Attendant.

Address, 201 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Chambers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty Three *Years,* Eleven *Months,* Twenty Three *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Maryland

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number} 238 Raborg St

Cause of Death First, (Primary,) Alcohol

Second, (Immediate,) Delirium Tremens

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 12 1881

Undertaker, William Deegan

Place of Business, No 62 East Street

B. F. Phillips M. D.
Medical Attendant.

Address, 917 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Ba...

Permit No. 53556

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 18th Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie R Carter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 6 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 176 England Place

Cause of Death, First, (Primary.) Pleurisy 4 months ago = Neuralgia following pleurisy.

Second, (Immediate.) Effusion into Cavity of Pericardium.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 20 / 881

C B Gamble *M.D.,*
Medical Attendant.

Undertaker, Hufnagle & Kemp

Place of Business, 76 N Charles *Address,* 99 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 53537

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 17 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wiemsch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany (Hesse Cassel)

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Greene st. between Lexington & Fayette Sts

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Heart Disease

Duration of Last Sickness, 2 or 3 minutes

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 20th 1881

Undertaker, Jno. Leimbach

Place of Business, 187 W. Pratt St. *Address,*

Alexander Dailey M.D.,
~~Medical Attendant.~~
Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E Cattle

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No 19 Harlem House

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Exhaustion,

Duration of last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Cemy

Date of Burial, Dec 22/81

Undertaker, Dennis Mahoney

Place of Business, 350 W Fayette St

C. H. Jones M. D.
Medical Attendant.

Address, 58 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

J. C. DULANY & CO., PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully

Board of Health, City of Balt.

Permit No. 53559

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha L Robinson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 19 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 49 Short St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of Last Sickness, Since birth

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Ency Bro Gr

Date of Burial, December 20 1881, Geo. L Kinnemon M.D.,

Medical Attendant.

Undertaker, Chas A. Wirt

Place of Business, 35 S Gay *Address,* 73 E Balt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Balti...

Permit No. 53560

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

Date of Death, Dec. 19/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Rising Sun Cecil Co. Md

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give street and number.} cor. Bethel & Pratt 81

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lisel's Bo

Date of Burial, Dec the 20

Undertaker, B Hanley

Place of Business, 100 Bank St

R. C. Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2457 Pratt

Board of Health, City of Baltimore,

Permit No. 53561 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry W Webb

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 592 W Lanvale St

Cause of death, First, (Primary,) Albuminuria

Second, (Immediate,)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 20

Undertaker, J H Mansfield

Place of Business, 320 E Balto St *Address,*

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53562 *Office of Registrar of Vital Statistics.* Ward 16 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC. 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Fuhr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 165 Lee st

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) .....

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec. 20/81

Undertaker, W. J. Deskner

Place of Business, 45 So. Eutaw *Address,* 15 1/2 Lanvale St

I. C. Burch M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 53563

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Whitehill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 6 N Central Avenue

Cause of Death, First, (Primary.) Croup —

Second, (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Dec 20th 1881

Undertaker, M. Dranee

Place of Business, —

Samuel Powell *M.D.,*
Medical Attendant.

Address, No 19 Aisquith

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ruby

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, 1 *Years* 6 *Months,* [illegible] *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 4 (corner) Canton Ave & Lane

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, December 20.

John M. Lemmon M. D.
Medical Attendant.

Undertaker, Abraham Wayman *Address* [illegible]

Place of Business, 13 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53565 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E. Peters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 61 Sterling St

Cause of death, First, (Primary,) Typho Malarial Fever, Tape worm

Second, (Immediate,) Pyohis. ~~ata~~ septicaemia Abscess, Abscess of Lungs, Heart Cl

Duration of Last Sickness, 8 - Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Bala Cemetery

Undertaker, Wm Hackman

Place of Business, 41 Gay street

Geo. B. Reynolds M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53566 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 or 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Eczema

Second, (Immediate,) Trismus Nascentium

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 20. 1881

Undertaker, Geo Shubert

Place of Business, 156 Division St.

Mabury Brown M. D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53567 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, feeble from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 20 1881

Undertaker, Geo Sheehan

Place of Business, 156 Division St

Chadwick Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53568 *Office of Registrar of Vital Statistics.* Ward 16 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parente.} Geor S. James

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, B & O R R Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 66 Eutaw Lane

Cause of death, First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 21. 81

Undertaker, H Ross

Place of Business, 95 Conway St

Jno S Blake M. D.,
Medical Attendant.

Address, 168 Lacust

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the fifll name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33569 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Stafford

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 0 *Years,* 11 *Months,* *Days.*

Color, Wh.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 4 Jordan alley

Cause of death, First, (Primary,) whooping cough

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20

Undertaker, H Ross

Place of Business, 95 Conway St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 53570

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Landwehr

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} back of N° 122 Saratoga St

Cause of Death, First, (Primary.) Disease of Liver no post Mortem

Second, (Immediate.) Peritonitis

Duration of Last Sickness, about Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Dec 21st

Undertaker, Henry Baumann

Place of Business, 45 Clay St

Jno Kemp M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53571

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Herbert

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 22 *Years,* —— *Months,* —— *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~. {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} St Josephs Hospital

Cause of Death, First, (Primary.) Phthisis Pulmonum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Unknown In Hospital four weeks

All the above information should be furnished by the Physician.

Place of Burial, C. H. Cemetery

Date of Burial, December 19

Undertaker, Patrick Mullin

Place of Business,

Chas B. Goldsborough M.D.,
Medical Attendant.

P. A. Surg. U.S.N.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Snitker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* ~~Days~~.

Color, White

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 975 E. Baltimore st

Cause of Death, First, (Primary.) (Chronic) Croup

Second, (Immediate.)

Duration of Last Sickness, 7 days ✓

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Decbr 21st 1881

Undertaker, H. Sander

Place of Business, 252 Canton Ave

Thomas B. Evans M.D.,
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53573

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Bird

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 87 Thames st.

Cause of Death, First, (Primary.) Membranous croup

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Decbr 21st 1881

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

R. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McKenna

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* 8 *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 274 W. Lombard St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Systemic Poisoning

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral J. E. Lindsay *M. D.*

Date of Burial, Dec 20th Medical Attendant.

Undertaker, H. C. Weidefeld *Address* 167 Park Av

Place of Business, 90 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53575

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr & Mrs Hensley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Cor Fulton & Brunson Ave

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Premature birth

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Hartford County

Date of Burial, Dec 19th 1

Undertaker, S. S. Haugh

Place of Business, 320 Penna Ave

J. C. Brown M.D.,
Medical Attendant.

Address, 41 N. Dansy St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2458 Basket

{over}

Board of Health, City of Baltimore,

Permit No. 53576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec, 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Nichols

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, W d

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} Court near 7th & Calvert st

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, About a yr

All the above information should be furnished by the Physician.

Place of Burial, Laurel Sanitary

Date of Burial, Dec 20th

Undertaker, Charles X his White mark

Place of Business, 35 Granby st

A Shepherd Thurston M.D.,
Medical Attendant.

Address, 11 S 14th st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53577 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Mayer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 5 Stockholm St

Cause of death, { First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 21st 1881

Undertaker, Julius Koehler

Place of Business, S. Shupe St

L. C Bruch *M. D.,*
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 20 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. N. Ruff

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 140 N. Chapple St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Brain trouble

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, A. Stone's Cemetery

Date of Burial, Dec 20th 1881

Francis T. Stone M. D.
Medical Attendant.

Undertaker, Geo Locke

Place of Business, 173 Gilmor St. *Address,* 103 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53579 *Office of Registrar of Vital Statistics.* Ward 7 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT, DEC 20 1881 BALTIMORE, MD.

Date of Death, Dec. 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Barker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 186 N. Central ave.

Cause of Death, First, (Primary,) Rheumatism + old age

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Dec 23d/81

Undertaker, Geo Schilling

Place of Business, Address, 319 N. Central Ave.

E. B. Fenby M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53580 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carrol

Sex, Male or Female, {Cross out the word not reqnired in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number.} 249 E. Fayette St.

Cause of death, First, (Primary,) Unknown

Second, (Immediate,) Asthenia

Duration of Last Sickness, 15 years.

All the above information should be furnished by the Physician.

Place of Burial, 21 December

Date of Burial, St Patrick

Undertaker, Henry W. Kears

Place of Business, 45 N. Gay st

Jno. S. Sewell M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53581 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 6 1/2 P.M. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Peth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ×××

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hesse - Germany 28 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 91 Lancaster

Cause of death, First, (Primary,) Tubular Heart disease

Second, (Immediate,) .....

Duration of Last Sickness, Since Sept. 1st. 1881

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Dec 21 1881

Undertaker Henry Saunder & Son

Place of Business, 252 Canton Ave.

James E Donnelly M. D.,
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53582 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th day of Decbr. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Kühnau

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} General German Orphan Asylum Forsyth Ave.

Cause of death, First, (Primary,)

Second, (Immediate,) Febris gastrica mucosa

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Wednesday Dec 21st

Undertaker, J. Sanders & Son

Place of Business, 250 & 252 Central Ave, *Address,*

Frank Kufs M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 21 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th A.D. 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Dickson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty two *Years,* — *Months,* — *Days.*

Color, African

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, About 44 years

Place of Death, {Give street and number} 87 N. Bethel St.

Cause of Death First, (Primary,) Derangement of Secretive Viscera

Second, (Immediate,) Hydropericardium

Duration of last Sickness, About 2½ years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 21 1891

Undertaker, H. H. Clare

Place of Business, 198 Howard

H. H. Howard M. D.
Medical Attendant.

Address, 169 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53584 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 11 *Days.*

Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, E

Place of Death, {Give street and number.} Rabbit walk Lane

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Dyspnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st. Cemetery

Date of Burial, Dec 21st 1881

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard st.

R. P. Gee M. D.,
Medical Attendant.

Address, 3 S Eight

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53 585 — *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Evergen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 0 *Months,* 14 *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, News Paper Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bald City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 733 E. Eager St

Cause of death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Marasmus.

Duration of Last Sickness, Four (4) Years

All the above information should be furnished by the Physician.

Place of Burial, W. Lawn Cl

Date of Burial, Dec 21 1881

Undertaker, Henry Hoeck & Son

Place of Business, 504 N. Central Ave *Address,* 474 N Gay St

S. Wilson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19/81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Dawkins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shirt Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number} 481 W. Gilmor

Cause of Death { First, (Primary,) Apoplexy
Second, (Immediate,) Paralysis. (right side)

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 21st 1881

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw

G. H. Stonis M. D.
Medical Attendant.

Address, Co Stucky & Friedman
Dr Saml. Chew, Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53587

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Moritz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 9 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 221 S. Bond Street

Cause of Death, First, (Primary.) Tuberculosis of Larynx & Lungs

Second, (Immediate.)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 22nd 1881

Medical Attendant. Lewis J. McShane M.D.,

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 6 & 8 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 53588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 21 1888 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Whitehouse

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 96 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Molder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 30 N Stricker St Extend

Cause of Death, First, (Primary.) Morbid Blight

Second, (Immediate,) Heart Disease

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 24 1888

Undertaker, C H Blizzard

Place of Business, 201 Eutaw

Wm B Tuttle M. D.
Medical Attendant.

Address, NE Cor Green & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53589 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Alexander

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Adlepsen, Hanover, Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} No 213 N. Pratt St

Cause of death, First, (Primary,) Old age

Second, (Immediate,) General Debility,

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Rodoph Sholom Cong. Cemetery

Date of Burial, Dec. 21st 1881

Undertaker, C. W. Holland & Son

Place of Business, 220 N. Pratt St.

R. E. Lee M. D.,
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53591 *Office of Registrar of Vital Statistics.* Ward 13 J

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Herndon

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 3 *Years,* *Months,* *Days.*

Color, Colored.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 Arch Street

Cause of death, First, (Primary,)

Second, (Immediate,) Burns

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, Dec 21 1881

Undertaker, Alf Hemsley

Place of Business, 40 Orchard St

Chas. E. Kingo M. D.,
Medical Attendant.

Address, 224 S Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33591 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence M. Little

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 224 Pine

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Dec. 21 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. F. Hill M. D.,
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 13594 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 114 Parkin St

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,) Cerebral Congestion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 22 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

Jno T Blake M. D.,
Medical Attendant.

Address, 168 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53593 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 21 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Alice Barrett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not reqnired in this line.} married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give street and number.} 105 Chestnut Alley

Cause of death, First, (Primary,) Pleuritic Effusion

Second, (Immediate,)

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, De 21 1891

Undertaker, William Aberge

Place of Business, No 62 Eutaw St

A. J. Hill M. D.,
Medical Attendant.

Address, 443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 21 1891 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Pink

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 35 Exeter st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J D Gorsuch *M. D.*

Date of Burial, Dec. 21st 1891 Medical Attendant.

Undertaker, Wm. H. Hickman *Address* Cor Aisquith & Fayette sts

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 53595

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cyrus Mitchel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 211 South Howard st

Cause of Death, First, (Primary.)

Second, (Immediate.) Cardiac Dropsy

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 21 '81

Undertaker, Samuel H Chase

Place of Business, 171 S Howard st *Address,* 216 W Balto St

W B Wilson *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 188[illegible]

Permit No. 53596 *Office of Registrar of Vital Statistics.* Ward 2[illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 60 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, None lately; Formerly a Commission Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Over thirty years

Place of Death, {Give street and Number.} S E cor Druid Hill Ave & Biddle St

Cause of Death, First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) Broken down constitution

Duration of Last Sickness, nearly nine days

All the above Information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Dec 22 1881

Undertaker, Chas Sciven

Place of Business, Richmond Mkt

Elias C Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53597 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Boone

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Rear of 98 Chesnut St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 22 1881

Undertaker, W. H. Dungee

Place of Business, East St

Jno A Steiner M. D.,

Medical Attendant

Address, Board of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Exam'd by Jno R. Smith M.D.

Board of Health, City of Baltimore,

Permit No. 53698 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Doris Fischer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or conntry, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 173 Mulberry St.

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday Dec 22nd

Undertaker, John Schaultheis

Place of Business, 159½ Mulberry St

Louis C. Horn M. D.,
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 53599

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Faulone

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number.} # 73 N Eutaw St

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) ——

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St Timothys Cemetery

Date of Burial Dec 22nd 1881

Undertaker, James R Byrne

Place of Business, No 63 N Front St *Address,* 138 Hanover

C J Mahon, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No: 53600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem. 18 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sullivan

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 77 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, Nil —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 yrs —

Place of Death, {Give street and number} 193 N. High —

Cause of Death, First, (Primary,) Croupous Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 21st 1881

Undertaker, Jas P Byrne

Place of Business, 63 Front St

D. Stoll M. D.
Medical Attendant.

Address, 192 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. B. BULLARY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53601

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 17 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Gist st 75

Cause of Death, First, (Primary.) Vicilitude of temperature

Second, (Immediate.) Catarrh Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, N Evergreen

Date of Burial, Dec 22 1881

Undertaker; Charles S White

Place of Business, 31 Granby st

E. C. Baldwin M.D.,
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia H. Baggs

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty Two *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot County Md

Duration of Residence in the City of Baltimore, About Six years

Place of Death, {Give street and number.} No. 493 W. Fayette Street

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Wasting.

Duration of Last Sickness, About ten months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Decem 22

J. Ridgely Hammond M. D.
Medical Attendant.

Undertaker, Joseph Cook

Place of Business, 707 W. Pratt

Address ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Celia McKenna

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 20 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 274 W Lombard St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 274 W Lombard St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Blood Poisoning

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral J. E. Lindsay *M. D.*

Date of Burial, Dec 21st Medical Attendant.

Undertaker, H. C. Weedefeld *Address* 167 Park Av

Place of Business, 90 Greenmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53604 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Seifert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 8 *Months,* ~~~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 43 Lancaster St

Cause of Death, First, (Primary,) Cancer of

Second, (Immediate,) Stomach

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec 22 "1881

Undertaker, Leonh. Kurz

Place of Business,

Illus. Allen M.D., Medical Attendant.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos. P. Smith [illegible]

Board of Health, City of Baltimore,

Permit No. 53605

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lindström

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 49 *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 27 Hubbard St, Locust Point

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Syncope

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Dec 23 1881

Undertaker, Henry Lindenberger

Place of Business, 662 Canton Ave.

D M Cathell M.D.,
Medical Attendant.

Address, 21 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 53606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Campbell

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 4 days

Place of Death, { Give street and number } No 15 Robert St

Cause of Death { First, (Primary,) Insufficiency of heart Valves
Second, (Immediate,) Asphixia

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 22nd 1881

Undertaker, Jno C Shennouth

Place of Business, 836 Pennsylvania

Frank J. Flannery M. D
Medical Attendant.

Address, N. E. Cor. Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate, or as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

...LITERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53607

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Denhard

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 37 Marion St.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 37 Marion St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Tetanus Inoculation

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 22 1881

Undertaker, Wm L Hacket

Place of Business, Park & Fayett

J. G. Wilkinson, M.D.,
Medical Attendant.

Address, Fayette & Pacca Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Frostel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 9. *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Hanover St.

Cause of Death, {First (Primary,) Second (Immediate,)} Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 23

Theodore Link M. D.
Medical Attendant.

Undertaker, B. Hinds

Place of Business, 8 W Baltimore Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33609

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 22 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, 28th December 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Miller.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months,* 8 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Can maker.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No 43 Clarkson Str.

Cause of Death, First, (Primary.)

Second, (Immediate.) morbus Brightii.

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetri

Date of Burial, December. 22.

Undertaker, B. Hartle.

Place of Business, No 82 West street

Robert Smithson junior M.D.,
Medical Attendant.

Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53618 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Schrealy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four 3 *Years,* Five 5 *Months,* Eight 8 *Days.*

Color, Colick

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dells City V

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 168 E Eager St Cor Dallas

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Uraemia

Duration of Last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 23d 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 461 N Gay St

E. E. Adams *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53611

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. DEC. 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Maria Stein

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* 7 *Months,* ~~25~~ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Gessmold, County Osnabrueck State Hanover Germany

Duration of Residence in the City of Baltimore, Forty three years

Place of Death, {Give street and number.} 69 Thames St

Cause of Death, First, (Primary.)

Second, (Immediate.) Dropsy

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec. 23d 81

Undertaker, St. Frances

Place of Business, 250 Eastern Ave

Nicholas [illegible] M.D.,
Medical Attendant.

Address, 217 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53612 *Office of Registrar of Vital Statistics.* Ward 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 96 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland. Dorchester Somerset Co.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} # 421 E. Eager St.

Cause of Death, First, (Primary.) Senility

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 23rd 1881 Geo. A. Hartman M. D., Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* # 305 St Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53613

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC. 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward L. Frazer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 12 / Camden St.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 12 / Camden St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Inflammation of Bowels

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Dec 22nd 1881

J. F. Wallerstein M.D.,

Medical Attendant.

{ *Undertaker,* Ph. Seewald

{ *Place of Business,* 35 S. Eutaw St *Address,* Fayette Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53614 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC. 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pierce

Sex. Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 33 Maccubbin St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Asbury Ex. Cem.

Date of Burial, Dec 22nd 1881

James A Steuart M. D., Medical Assistant

Undertaker, The E. Locke

Place of Business, Jefferson St. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by - H. P. Smith

Board of Health, City of Baltimore,

Permit No. 53615 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC. 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 21st, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carline L. Gebhart

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 55 *Years,* 2 *Months,* 25 *Days.*

Color,

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Penna

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 155 Harford Avenue

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Dec 22 1881

{ *Undertaker,* Geo. Schilling

{ *Place of Business,*

Thos. Morris M. D.,

Medical Attendant.

Address, 6 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1887 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Cole

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 4 *Years,* 4 *Months,* 5 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S.

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 168 N. Bond St.

Cause of Death First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, 23. Dec.

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, John W Jackson

Place of Business, Cor Carlton & Pratt *Address,* 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53617

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC. 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis M. Arnold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 148 S. Caroline St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 22d 1881

Nicholas L. Dashiell M.D.,
Medical Attendant.

Undertaker, Henry Hoddy & Son.

Place of Business, 38 N. Gentre St. *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33618 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Dec 21st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Blanche J. Channell,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} N.E. cor of Bond & Effrson Sts,

Cause of death, First, (Primary,) Dish Theritis Group.

Second, (Immediate,) High temperature with Convulsions.

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 23d 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Wilmer Dinslow M. D.,
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Montague

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 34 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Plumber and Gas Fitter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give street and number.} 194 Mulberry st

Cause of Death, {First (Primary,) Acute Brights Disease
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western, Cemetery Thursday, Dec 22nd

Date of Burial,

Frank W Gamon M. D.
Medical Attendant.

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St *Address* 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53620 *Office of Registrar of Vital Statistics.* Ward 15½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC. 22, 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister M. Gertrude [illegible]

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sister of Charity

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} St Joseph's Female School 53 Barre St

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis P.

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 23 1881

Undertaker, C. F. Kraus

Place of Business, 209 Hanover *Address,*

L Jourdan M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53621

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 22 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ladd

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 20 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Somerset Co. Md.

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number.} 82 Fairmount Ave.

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Somerset Co Md

Date of Burial, Dec 24 1881

Undertaker, Ty Pro

Place of Business, 88 to Broadway

P. L. Laurel *M.D.,*

Medical Attendant.

Address, 3 d St. Canton

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2460 Transcribed

Board of Health, City of Baltimore,

Permit No. 53622

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 22 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22d. 1881 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elenora Joyce -

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White -

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, None -

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number.} 138 Harlem av -

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexy -

Duration of Last Sickness, 15 minutes -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 24th 1881

Undertaker, Jno H Weaver & Co

Place of Business, 422 W Fayette St *Address,* Harlem av. and Calhoun -

R. H. Goldsmith — M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 22d 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Woodson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 315 Argyle Ave.

Cause of Death { First, (Primary,) Malignant Sore Throat
, { Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 23

C. Fawcett *M. D.*
Medical Attendant.

Undertaker, C. M. Blizzard

Place of Business, 201 Eutaw *Address,* 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33624

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Spriggs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} 3 Coulbourn Ct

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, Some time (Did not attend it)

All the above information should be furnished by the Physician.

Place of Burial, ~~Dec 23~~ Sharp St Cemetary

Date of Burial, Dec 23d 1882

Undertaker, Andrews & Hodges

Place of Business, No 4 X 6 Druid Hill Ave

W W Austin M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Reasons below, and to List of Diseases on back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December - 21st 1881 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lt. Nathan Painter

~~Sex,~~ *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Surgeon Chiropodist -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Petersburg - Russia

Duration of Residence in the City of Baltimore, 44 yrs.

Place of Death, {Give street and number} 7 W. Charles St -

Cause of Death { First, (Primary,) — Second, (Immediate,) Cerebral Haemorrhage

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Helena Cem

Date of Burial, Febr 23 1882 Chas. A. Riley *M. D.* Medical Attendant.

Undertaker, Wm Ebert

Place of Business, 200 Gough *Address,* 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53626 *Office of Registrar of Vital Statistics.* Ward 5 7/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Straus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 8 Jefferson St.

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Emphysema, Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cem

Date of Burial, Dec 23 1881 A J Steed M. D.,

Undertaker, Wm Elam

Place of Business, 101 Gough St *Address,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53627 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fena Harbert

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, One *Years,* Ten *Months,* Eleven *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 57 Smallwood St

Cause of Death, First, (Primary,) "

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Dec. 24, 1881

Undertaker, I. P. Paulus

Place of Business, 66 Lexington Ave.

L. A. Latrobe M. D., Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sylvester Johnson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* 6 *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow or Widower~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 105 Hill st

Cause of Death { First, (Primary,) Bronchitis

{ Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 23

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Address, 119 Edmondson

J. Ramsey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53629

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Klemke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* — 6 *Months,* — 22 *Days.*

Color, wh

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 30 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 95 Amity St.

Cause of Death, First, (Primary.) Tuberculosis Pulmonum

Second, (Immediate.) —

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 24th

Undertaker, Geo. Lembach

Place of Business, 389 W. Pratt St. *Address,* Honored from Dispensary

E B Billow M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 7

Board of Health, City of Baltimore,

Permit No. 53630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Mahin (Mullen)

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 11 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, At —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, always — 1 hour

Place of Death, {Give street and number} 71 Forest ave

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Asthma

Duration of last Sickness, 9 mos —

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 24th 1881

Undertaker, Henry W. Means

Place of Business, 46 N Gay St

D. Steell M. D.
Medical Attendant.

Address, 143 N. Exeter St

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ina M. Crow

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* F.

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, A Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Seven days

Place of Death, {Give street and number.} 143 St. Paul St

Cause of Death, First (Primary,) Diabetes Mellitus

Second (Immediate,) Diabetic Coma

Duration of Last Sickness, Three Days in bed.

All the above information should be furnished by the Physician.

Died April, 1881

Place of Burial, Virginia W. T. Howard M. D.

Medical Attendant.

Date of Burial, 25 Dec. 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address* 181 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

24 61 Transit

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Carey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 22 *Months,* ..... *Days.*

Color, Clk.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 Stirling St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 1½ Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26th 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 58633 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Authur G. Clark Clarke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 712 S. Fremont St

Cause of Death, First (Primary,) ——

Second (Immediate,) Tuberculas Meningitis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec 24th.

Theodore Cook M. D.
Medical Attendant.

Undertaker, F. X. Troll

Place of Business, 131 Hanover St

Address 146. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12-23-81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ignatius Brockmeyer

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} B. C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92 Fremont

Cause of Death, First (Primary.) Convulsions

Second (Immediate,) asthenia

Duration of Last Sickness, 1½ days

All the above information should be furnished by the Physician.

Place of Burial, N. Calvary

Date of Burial, Dec 24 1881

Undertaker, Henry Hooker Son

Place of Business 94 W. Baltimore

Jenny Miller M. D.
Medical Attendant.

Address 792 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. Rhodes.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brakeman on R. R.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 12 months.

Place of Death, {Give street and number} 86 Columbia Avenue.

Cause of Death, First, (Primary,) Pulmonary Tuberculosis,

Second, (Immediate,) Asthenia.

Duration of last Sickness, 6 or 8 months.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Md.

Date of Burial, Dec 24th 1881

A. G. Watts, M. D.
Medical Attendant.

Undertaker, John Wacker

Place of Business, No 150 Camden

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2462 Transit

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53636 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Wills.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Snow Hill, Md.

Duration of Residence in the City of Baltimore, About 17 years.

Place of Death, {Give street and number.} 132 York St

Cause of death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of Last Sickness, About 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 21/81

Undertaker, Fred A Kirchner

Place of Business, 50 Hanover Ave

J. W. White M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No: 53637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

Date of Death, Dec 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ferguson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} not Known.

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary,) Contusion of Thigh and Chest from a Fall

Second, (Immediate,) Pneumonia and Debility

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 24/81

Undertaker, Rud. A. Kuchner

Place of Business, 504 Caroline Ave

H. West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 53638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22d 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna McDowell.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~Baltimore~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 73 N. Arlington Av

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Puerperal Peritonitis

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 25th 1881.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

J. W. C. Cuddy M. D.
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53639 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

Date of Death, December 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lelia Bro[illegible]

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 119. N. Bond st.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, Dec 24 [illegible]

Undertaker, Geo Schiller

Place of Business, Monument Agent *Address,* 137 Eutaw st

J. L. Gro[illegible] *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Southwood Burns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female.

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Martinsburg W Va.

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number.} 94 Md Ave

Cause of Death, First (Primary,) Obesity

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg W Va

Date of Burial, December 24th 1881

A A Kuhn M. D.

" Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 119 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2463 Transit

No. 53641

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hammett Cook.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 166 N. Carey St.

Cause of Death, First, (Primary,) Diphtheria -

Second, (Immediate,)

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 24th 1881

J. W. C. Cuddy M. D.
Medical Attendant.

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53642

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Rothenberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 7 Hope alley

Cause of Death, First (Primary,) ——

Second (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 24

Theodore Cottle M. D.
Medical Attendant.

Undertaker, [redacted]

Place of Business, [redacted] Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 26615

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Burdle

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 9 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Back City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 92 Shenk's

Cause of Death, First, (Primary,) Cynanche Tracheali Diphtheritica.

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, Dec 24 81

Undertaker, Preston & Dunn

Place of Business, 112 E Lombard St

Geo W. Benson M. D.
Medical Attendant.

Address, 146 Hanover & Light Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Milton Speake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 28 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 ~~Henrietta st~~

Place of Death, {Give street and number.} 39 Henrietta st

Cause of Death, {First (Primary,) Chorea, probably dependent upon Meningeal tubercle

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 24 81

Undertaker, Hasley & Dewey *Address* 15 Fairmont Ave.

Place of Business, ~~163 Lexington~~

T. Daugherty M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lidia Pierce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 23 Druid Hill Ave

Cause of Death, First (Primary,) Only saw her a few days ago - Thinks Brights Disease.

Second (Immediate,) General Paralysis.

Duration of Last Sickness, about 5 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec 25th 1881

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave

W. D. Barker M. D.

Medical Attendant.

Address 152 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53646 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23 d December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eugene Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* *Months,* Two & 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 70 Woodyear

Cause of death, First, (Primary,)

Second, (Immediate,) Diptheria

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Franklintown

Date of Burial, Dec 24th 1881

Undertaker, W. Gadsden

Place of Business, 227 Mulberry St.

Louis (& Horn M. D.,
Medical Attendant.

Address, cor Front & Ingleside

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53647

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23 Dec. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Lange

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 1st East

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, Dec. 24th 1881

H Coffman M.D.,
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 57 Augusta St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53648 *Office of Registrar of Vital Statistics.* Ward 5 G

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE

Date of Death, Dec 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Mary Frazier

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 124 N Exeter St

Cause of death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 25th

Undertaker, H C Wadsworth

Place of Business, 20 Gay

Geo. B. Peyton M. D.,
Medical Attendant.

Address, Calvert Tavern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 53649

HEALTH DEPARTMENT 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Le. Russell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* 1 *Months,* 2 *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hucksters

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 12 mos

Place of Death, {Give street and number} 108 Raborg st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24 1882

D. Sluett M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby st

Address, 143 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53650 *Office of Registrar of Vital Statistics.* Ward 11/6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Ratcliffe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Wh a

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} Co Madison & Wolfe Res 921 E Mon Co

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage from Lungs

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Dec 25th 1891

Undertaker, Hoeck & Son

Place of Business, 309 N Eutaw St *Address,* Comm M D

Edmund Walter *M. D.,*

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33657 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Decbr 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. McStraub

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* — *Months,* — *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Jailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 918 N. Canal St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, Dec. 26 1881

Undertaker, Henry Sontag

Place of Business, 308 N. Central

J. Ewell Shuck M. D., Medical Attendant.

Address, 1704 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 53652 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sar. H. Floyd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, colo.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 1048 Hamburg St

Cause of death, First, (Primary,) Spasms Convulsions

Second, (Immediate,) .....

Duration of Last Sickness, 4 & Fours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, Dez. 25 84

Undertaker, B. Hoile

Place of Business, No. 82 West Pratt St. *Address,* 151 Hanover St

S. G. Bunch *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53653 . *Office of Registrar of Vital Statistics.* Ward 17 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Linton

Sex, ~~Male,~~ or Female, { Cross out the word not required in this line. }

Age, 10 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Washington D C

Duration of Residence in the City of Baltimore, 1 Yr

Place of Death, { Give street and number. } 658 Gough St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec. 24th '81

Undertaker, B. Hale

Place of Business, No. 82 West St. *Address,* 310 Eight St

Robt. O. Ellis *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53657 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Genbrick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 28 N. Henry St.

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 25 '1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto. St

John Neff M. D.,
Medical Attendant.

Address, 207 Hamilton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53655 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Mann

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 73 N Broadway

Cause of death, First, (Primary,) Accidental Injury to Hip

Second, (Immediate,) Bladder & General System by falling

Duration of Last Sickness, 4 Days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 25 1881

Undertaker, Wm H Heckman

Place of Business, 234 N Gay St.

Wm. E. Kunkel M. D.,
Medical Attendant.

Address, Wm. E. Kunkel M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine C. Hyde

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 174 N. Eutaw & Franklin

Cause of Death { First, (Primary,) Bronchitis
, Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral by

Date of Burial, Dec 27th 1881

E. H. Thomas M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN,
UNDERTAKERS,
Place of Business, 35 Park Ave.

Address, 121 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53657 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Coretto

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 — *Months,* ..... *Days.*

Color, white

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 Thames St.

Cause of death, First, (Primary,) Sudden, Probable heart disease

Second, (Immediate,) Convulsions

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, Dec. 24 81

Undertaker, Mr. Frances

Place of Business, 280 Eastern Ave

Geo. B. Reynolds M. D.,
Medical Attendant.

Address [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Rupprecht Rupprecht

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 310 S. Charles St

Cause of Death, {First (Primary,) ; Second (Immediate,)} Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 26th 1887

Herman Cook M.D.
Medical Attendant.

{*Undertaker,* Aaron Hurley
Place of Business, West St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53659

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. F. Hutchinson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 19 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 147 Scott St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Diptheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Manchester P.A.

Date of Burial, Decr 26th 1881

Undertaker, John S. Thacher

Place of Business, No 150 Camden

H. H. Webner M.D.,

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

24 Ed. transcript

Board of Health, City of Baltimore,

Permit No. 53660

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Malone

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Puddler

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27

Place of Death, {Give street and number.} City Hospital

Cause of Death, First, (Primary.) Scald

Second, (Immediate.) Shock

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec. 25 1881

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern Ave

H. J. Lacian *M.D.,*
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53661 *Office of Registrar of Vital Statistics.* Ward 13 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 23. Dec. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm T. De la Roche

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* 24 *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 190 Franklin

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Dec 26. 1881

Undertaker, Henry Mitchell

Place of Business, 53 W Fayette St *Address,* 129 W. Biddle

G Lane Tarnyhew M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53662 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1881 BALTIMORE.

Date of Death, Decr 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Bland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight 8 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Colich

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 412 N Gay Street

Cause of death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Pyrexia - Exhaustion

Duration of Last Sickness, Two — Days.

All the above information should be furnished by the Physician.

Place of Burial, Gary St Cemetery

Date of Burial, December 25

Undertaker, W. Eilau

Place of Business 101 Gough St

C. Trockbrod M. D., Medical Attendant.

Address, 414 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53663 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, DEC 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infaot not named, give names of parents.} Sarah Makel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md 17

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 62 Race st

Cause of death, First, (Primary,) Cerebral abscess

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 25

Undertaker, H Ross

Place of Business, 76 Hanover at *Address,* 8 & Light

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53664

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~properly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Dec 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Gail

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, Coloured *Years,* 1 *Months,* 3 *Days.* 4

Color,

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 yr 3 mos 4 days

Place of Death, {Give street and number} Lizzie St 135

Cause of Death, First, (Primary,) Scarletina

Second, (Immediate,) Marasmus

Duration of last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 25

Wm P Stump M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Monument *Address,* University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53665 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabetta Baberick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Weber St.

Cause of death, First, (Primary,)

Second, (Immediate,) Croup. Diphtheritis

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Monday Dec 26 81

Undertaker, B. Harle

Place of Business, 82 West St

R. J. H. Tall M. D.,
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Physicians is respectfully...

Board of Health, City of Baltimore,

Permit No. 53666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos G Jenkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 167 St Paul St

Cause of Death { First, (Primary,) Pulmonary Congestion &c
, Second, (Immediate,) Asphyxia

Duration of last Sickness, Ten Minutes

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, 26th Dec. 1881

J E Chataud M. D.
Medical Attendant.

Undertaker, H W Jenkins & Son

Place of Business, 75 N Charles *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 53667 *Office of Registrar of Vital Statistics.* Ward 8 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor O Morals

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt Co Maryland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} No 203 Constitution St

Cause of death, First, (Primary,) Pleurisy

Second, (Immediate,) Illness

Duration of Last Sickness, Nearly one Year

All the above information should be furnished by the Physician.

Place of Burial, Garrison Forest Balto. Co.

Date of Burial, 27th Dec 1881

Undertaker, H & W Jenkins & Son

Place of Business, 75 N Charles *Address,*

W. Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33668 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *if separately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wolcom F. Hearn

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard Co, Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and Number. } 224½ E. Baltimore

Cause of Death, First, (Primary,) Diseased gasto-intestinal

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial Balto. Cemetery

Date of Burial 25th of December 1881

Undertaker, Chas. H. Hickman

Place of Business, 234 E. Gay St *Address,* 245 E. Baltimore

J. Hurtle M.D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53669

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Conaud

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 381 Orleans St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 25th 1881

Undertaker, M. Clarke & Son

Place of Business, 64 E Balto

James F. O'Shaue M.D.,
Medical Attendant.

Address, 64 E Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53670

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 26 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 25th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 29 Hillman St,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 29 Hillman St

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Jno Brooke Byles M.D.,
Medical Attendant.

Address, Albert T Cuyer

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 13671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McKenna

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 51 Saratoga St.

Cause of Death, First, (Primary.) Ovarian Cystoma

Second, (Immediate.) Septic Peritonitis.

Duration of Last Sickness, 4 or 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec 25th

Undertaker, H. C. Wakefield

Place of Business, 90 Gueen [illegible]

George H. Rohe, M.D.,
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53'672

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Ahlborn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* × *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 25 N Paca

Cause of Death First, (Primary,) Cancer (Probably of one of the abdominal viscera)

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Dec 25th 1881

Undertaker, Wm. Eilau

Place of Business, 101 Gough St.

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53675

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

Date of Death, 23th October 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mahoney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor cor: John and Valley Streets

Cause of Death, First, (Primary.)

Second, (Immediate.) Chronic Bronchitis & Age

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cimetery

Date of Burial, 25th October 1881

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Wm. Brooke Boyle M.D.,

Medical Attendant.

Address, Calvert & Eager sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Schimmick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* — 6 *Months,* . *Days.*

Color, White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 27. years.

Place of Death, {Give street and number.} 43 S. Bluke St Canton.

Cause of Death, First (Primary,) Encysted Tumor.

Second (Immediate.) Cystitis.

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec. 26 1881

Wm. Carter — M. D.
Medical Attendant.

Undertaker, Henry Sanders & Son

Place of Business, 62 Canton Ave. *Address* N. W. Cor. Broadway and Lombard.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 55675 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 24 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 21" 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Goldsborough

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} F-190 Chestnut Alley

Cause of Death, First. (Primary,)

Second, (Immediate,) Innate-Dft

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, Dec 22" 81

Undertaker, F Kirchner

Place of Business,

Thos A Clemens M. D.,

~~Medical Attendant.~~ Register

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53676

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Coulbourn

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 ✓ *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, used to be a Rockman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, Many Years

Place of Death, { Give street and number. } 32 Wayne St Balto.

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.) asthma

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 25 1881

Undertaker, D. Whelan

Place of Business, 129 Howard

Alan D Smith M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53677

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Holbrook Kirby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire lifetime.

Place of Death, {Give street and number.} 123 W Broadway.

Cause of Death, First, (Primary.) Scarletina Anginosa

Second, (Immediate.)

Duration of Last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 28th 81

Undertaker, Thos L Hughes

Place of Business, 116 E Baltimore *Address,* 21 W Broadway.

D W Cathell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 53678

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 25 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. Frank

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 55 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Co. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 348 N. Eutaw St

Cause of Death, { First, (Primary,) Phthisis Pulmonalis, / Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 27th 1881

Undertaker, Andrews & Hodges

Place of Business, 164 & 166 Druid Hill Ave

E. W. Winston M. D.
Medical Attendant.

Address, 12 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. DELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53679 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Dec 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Md~~ Va

Duration of Residence in the City of Baltimore, 23 yr

Place of Death, {Give street and number.} 4 Williamson

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Dysentery

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec emb. 27

Undertaker, B Hurle

Place of Business, 62 Mut

R. H. Ellis M. D.,
Medical Attendant.

Address, 3 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53680 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 1887

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassandra Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* —— *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ... ✓

Place of Death, {Give street and number.} 46 Clifford St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 27

Undertaker, Joseph B Cook & Co

Place of Business, 707 W Pratt *Address,* No 168 S Ross

Geo S Blake M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53681

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha F. Kneller

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 23 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 11 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 608 N. Gilmor St.

Cause of Death, First, (Primary.) Hypertrophy of Heart

Second, (Immediate.)

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Germania Lutheran Burial

Date of Burial, Dec. 26. 1881

C. L. Ruddumbhor M.D.,
Medical Attendant.

Undertaker, John D. Lauer

Place of Business, 66 Fredrick Ave *Address,* 66 S. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53682 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, December 20th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma L. Eilingfield

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* 22 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Walbo. City

Duration of Residence in the City of Baltimore, Her Lifetime

Place of Death, {Give street and number.} 66 Frederick Ave

Cause of death, First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 22 1891

Undertaker, S. P. Pentecost

Place of Business, 66 Frederick Ave

Jno. G. Holliday M. D.,
Medical Attendant.

Address, Circle Hd, Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53683 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OF BALTIMORE DEC 1881

CERTIFICATE OF DEATH.

Date of Death, 24 Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willis Rodgers

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 3 *Years,* 5 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 31 Whitehall St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 408 Parrish alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheritic Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel [redacted]

Date of Burial, Dec 26 1881

Undertaker, Hof Ybemaley

Place of Business 116 orchard st

Geo Warner M. D., Medical Attendant.

Address, Shriver & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Kerr

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, 26 *Years,* 5 *Months,* 13 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S.

Occupation, Messenger at Hopkins Hosp.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna. Balt. Lifetime

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number} 152 N. Eden St

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Pneumonia ✓

Duration of last Sickness, 5 wks.

All the above information should be furnished by the Physician.

Place of Burial, Kinds Cemetery Harford Road

Date of Burial, Dec 27th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53685 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 1881

CERTIFICATE OF DEATH.

Date of Death. Dec. 25. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Byrne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester Co

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} # 289 N. Mt. Dough

Cause of Death, First, (Primary,) Spinal Disease

Second, (Immediate,) .....

Duration of Last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial Greenmount Cemetery

Date of Burial, Dec 27

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynn

Geo. A. Hartman M. D.,
Medical Attendant.

Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 26 1881

CERTIFICATE OF DEATH.

Date of Death, Dec 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Konschild

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 30 *Years,* × *Months,* × *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Chronic Diarrhoea

Duration of Last Sickness, over a year in the hospital 2 months

All the above information should be furnished by the Physician.

A Friedenwald M. D.
Medical Attendant.

Place of Burial, Balto. Cem.

Date of Burial, Dec. 26 1881

Undertaker, H. Sander & Son

Place of Business, 202 Canton Ave. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53687 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Snyder

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} 72 East Lanvale

Cause of death, First, (Primary,) Delirium Tremens

Second, (Immediate,) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 26 th 1881

Undertaker, Julius Koehler

Place of Business, 1 Sharpe Cross st

Geo. H. Ellis M. D.,
Medical Attendant.

Address, 31 S Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53688

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Habneman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 195 East av.

Cause of Death, First, (Primary.) Membranous croup

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Fell point cemetery

Date of Burial, December 26

R W. Mansfield *M.D.,*

Medical Attendant.

Undertaker, W. Eduar

Place of Business, 101 Gough St *Address,* 101 Broadway

HEALTH DEPARTMENT CITY OF BALTIMORE DEC 1887

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53689

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia K Comer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 46 *Years,* *Months;* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Wife.

Occupation, Boiler-Maker 10 Years

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 96 N Bond St

Cause of Death, First, (Primary.) Apoplexy.

Second, (Immediate.)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Garrison Forest

Date of Burial, Dec 27th 1881

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address,*

Thos F Smith *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duly of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53690

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birtha Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 24 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 85 N. Spring

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26th

Undertaker, Theodore J. Loeche

Place of Business, 73 Jefferson st

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th of Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wilhelm

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 0 *Months,* — *Days.*

Color, white *Sex,* female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~66 Division St~~ Germany

Duration of Residence in the City of Baltimore, ~~3 weeks~~ 30 Days

Place of Death, {Give street and number.} 66 Division St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauren Park by Dr Helbman M. D.

Date of Burial, December 27th 1881 Medical Attendant.

Undertaker, P. Hummert *Address* 120 Saratoga St

Place of Business, 317 Mulberry St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th " 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Schenck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 2 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 30 Balton St

Cause of Death, First (Primary,) Extensive burns

Second (Immediate,) Exhaustion

Duration of Last Sickness, 19 ~~hours~~ hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurell Cemetry

Date of Burial, Dec 26th 1881

Undertaker, Chas T. Scrivers

Place of Business, 271 N. Eutaw St

D. A. Lacey Thomas M.D.
Medical Attendant.

Address 317 Madeson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 53693

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26 /88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Haley

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, about 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary,) Tabula Dorsalis of Heart

Second, (Immediate,) Apnoea

Duration of last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Hoy Cross

Date of Burial, Dec 26 1881

Undertaker, James P Byrne

Place of Business, No 63 N Fremont St

H W K M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC. 28 1881

CERTIFICATE OF DEATH.

Date of Death, 25th December 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Garitee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* ~~*Months,*~~ *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 34 Years.

Place of Death, {Give street and number.} 31 Willow Street.

Cause of Death, First (Primary,) Paralysis.
Second (Immediate,)

Duration of Last Sickness, 7 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks *Dr* Geo. J. Collins, M. D.

Date of Burial, Dec 27 1881 Medical Attendant.

Undertaker, Hoeck & Son

Place of Business, 309 N Central Av *Address* Richmond St. & Park Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53695 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE DEC. 26 1881

CERTIFICATE OF DEATH.

Date of Death, December 21th, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Dieterich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Twenty One *Years,* Four *Months,* ~ ~ ~ ~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Had None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 313 N. Gay street

Cause of death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 27 1881

Undertaker, H. Hodick & Son } Wm. H. Claudius M. D.,

Place of Business, 307 N Eutaw St *Address,* 107 N. Broadway. } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 53696

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert M. Pairo

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 252 George st.

Cause of Death, First, (Primary.) Croup

Second, (Immediate,)

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 26/81

J. W. C. Cuddy M. D.
Medical Attendant.

Undertaker, Phil. J. Dill

Place of Business, 183 Columbia st *Address,* 137 W. Carroll st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

...LANT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53697 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25 Th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hughes

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 0 *Years,* 2 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 185 S. Caroline St

Cause of death, First, (Primary,) Internal convulsions following

Second, (Immediate,) inflammation of intestines & Bronchitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec. 27th

Undertaker, Cripps

Place of Business, Bond Sd near Bank St, *Address,* # 243 Aliceanna St

John A. Rehberger M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 6881

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26 / 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Hall

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ____ *Years,* 7 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, at

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto:

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 182 East Dr

Cause of Death, First, (Primary,) Cardiac Enteritis

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cem

Date of Burial, Dec 28

D. Sewell M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ____ *Address,* 143 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUBLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53699 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O'Toole

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland (30 yrs in America

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Orphans Asylum

Cause of death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 yr (2 Sept 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Dec. 27th 1881

Undertaker, Michael Hunt

Place of Business, No 35 Bank St.

[signature] M. D.,
Medical Attendant.

Address, 188 Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bassett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* + *Months,* + *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Pluro-pneumonia / Second, (Immediate,) Exhaustion

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Dec 27th 1881

Undertaker, Jno H. Weaver & Co

Place of Business, 822 W Fayette

H J Lucian M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Board of Health, City of Baltimore,

Permit No. 53701

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 29 Hillman St

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 29th Dec

Undertaker, J. C. Medairy

Place of Business, 92 Fayette West

Jno. Brooke Boyle M.D.,

Medical Attendant.

Address, Calvert & Eager

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53702

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F Turner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 204 Chew

Cause of Death, First, (Primary.) Senilatis Maligna

Second, (Immediate.)

Duration of Last Sickness, 3 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 28th 1881

Undertaker, Chas F Scriven

Place of Business, 271 W Pratt St

D W Cathell **M.D.,**

Medical Attendant.

Address, 2 W Bromley

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 63703 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Tuttle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 185 Preston "

Cause of death, First, (Primary,)

Second, (Immediate,) Membr Croup One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 27th 1881

Undertaker, Edw'd J Sexton

Place of Business, 271 N Eutaw St

S H Patterson M. D.,
Medical Attendant.

Address, 213 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Myers

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* 10 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dist. City — all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 234 E. Jay St

Cause of Death {First, (Primary,) Pulmonary Consumption

{Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemet

Date of Burial, December 26th 1881

Undertaker, Wm H. Hickman

Place of Business, No 234 E Jay St

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 81

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Goldsborough

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 75 West Biddle St

Cause of Death, First (Primary,) Post Partum —

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 27th 1881

Edmund M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 53706

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hylands

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Manufacturer of Horse medicines

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil County Maryland

Duration of Residence in the City of Baltimore, About four years

Place of Death, {Give street and number} Millers Hotel Pacca & German sts

Cause of Death, First, (Primary.)

Second, (Immediate,) Angina Pectoris

Duration of last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial North East Cecil Co Md

Date of Burial, Dec 27th 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

D. P. Hoffman M. D.
Medical Attendant.

Address, 279 West Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. F. SHEARY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No. 24665

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53707 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1901 BALTIMORE

Date of Death, Dec 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Robinson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 6 *Years,* *Months,* 3 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 271 Hughes St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 27

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L. C. Bruch M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53708.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec-26-81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Baker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 77- Woodyard at-

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, 10- days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Cemetery

Date of Burial, Dec 28 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,*

H. J. Houck *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 3709 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Reel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* Two (2) *Months,* Four Teen (14) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 271 E. Eager St

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, N. W. Cor Gorsuch St

Date of Burial, Dec 28 1881

Undertaker, Henry Fordyce

Place of Business, 308 N Central Ave *Address,* 271 E Eager St

J. W. Elliott M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th December 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Nicholson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, Dark Brown

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 23 S. Preston st

Cause of Death { First, (Primary,) Phthisis / Second, (Immediate,) Asthenia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 27th 1881

Undertaker, [illegible]

Place of Business, 18 S. Howard St.

John Wilson *M. D.*
Medical Attendant.

Address, 26 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37.11 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert McCoy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, four *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 59 N Bethel st

Cause of death, First, (Primary,) Scarlet fever

Second, (Immediate,) Diphtheria

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26th 1881

Undertaker, Chas J. Pelz

Place of Business, 173 Jefferson st

L C Whitemarsh M. D.,
Medical Attendant.

Address, 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George N. Newlon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, Hod Carrier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 4 Dew alley

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) 8 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27th 1881

Undertaker, Theo P Locke

Place of Business, 173 Jefferson St

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Crescent Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 53713.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC. 27 1881 BALTIMORE

Date of Death, December 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles & Christine Huss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 84 Payson st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 Payson st

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 27th 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

Alexander Insley M.D.,

~~Medical Attendant.~~

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 13714

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lottie Fred. Walker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, Nine *Years,* Three *Months,* Ten *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ~~~~~~~~~~

Occupation, ~~~~~~~~~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, Lives part.

Place of Death, { Give street and number. } 572 Hanover St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Ey Laurentium

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 28

Undertaker, Ernst Schloman

Place of Business, 200. Sharp Street *Address,* 47 Conway St.

D.E.L. H. Barclay *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53715 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Boulon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 mo. *Years,* 1 *Months,* six *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 mo.

Place of Death, {Give street and number.} 53 Bedford St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 27th

Undertaker, Mr Bishop

Place of Business, Druid Hill Ave

R. J. Wilson M.D.,
Medical Attendant.

Address, #146 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53716 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th Dec'r. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wentzel

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Spring Court

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 28 81

Undertaker, F. N. Gill

Place of Business, 13 Hanover St

H. W. Mabert M. D.,
Medical Attendant.

Address, 67 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53.714 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, DEC 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Pittman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stock Broker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia (Hanford Co)

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number.} 28 N Front St

Cause of death, First, (Primary,) Old age

Second, (Immediate,) Gradual debility

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 29th Dec. 1881

Undertaker, W. W. Jenkins & Son

Place of Business, 75 N. Charles St *Address,* 185 W Fayette St

J. J. Crain M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53718 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss M. Maggie Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West Va

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 83 Mr Ther

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 28th 1881

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Edw J. Mitchell M.D., Medical Attendant.

Address, 283 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53719 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. T. Fleming

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 90 Fort Ave.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Friedrich's Cemetery Ellamore

Date of Burial, December 28

Undertaker, B. Hurle

Place of Business, 42 West St

R. J. N. Tate M. D.,
Medical Attendant.

Address, 152 Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans. 2466

Board of Health, City of Baltimore,

Permit No. 53720

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BOARD OF HEALTH 1881 JAN 3 BALTIMORE

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Fingerty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 115 Elliott St. (Canton)

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Dec. 28, 1881

Undertaker, Mc. A. Dwyer

Place of Business, 74 S. Howard

Nicholas F. Parkhill M.D.,
Medical Attendant.

Address, 217 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53721 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 27TH 1881 BALTIMORE

Date of Death, Dec 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 Yrs

Place of Death, {Give street and number.} 74 S. Broadway

Cause of death, First, (Primary,) Inflammation of Lungs

Second, (Immediate,) Congestion

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Dec. 28, 1881

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

J. L. Mettee M. D.,
Medical Attendant.

Address, 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53722

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1 BALTIMORE

Date of Death, Dec. 27th, 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas & Mary Eaton (child not named)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* One *Months,* Seven *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 154 Pearl St., Balto., Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 154 Pearl St.

Cause of Death, First, (Primary.) Gangrene (?)

Second, (Immediate.)

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, December 29

Wm. B. Rider M.D.,
Medical Attendant.

Undertaker, A. Kinnaird

Place of Business, 32 North Liberty St *Address,* 87 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57723 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

Date of Death, Dec. 25. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Abbot 5 Week, *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Inf Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 27. Dec. 1881

Undertaker, Geo Sheehan

Place of Business, 156 Division St

Harbury Brown M. D., Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53724

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 Decr. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Had Not Named by father Name James M Dabbs.

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, —— *Years,* —— *Months,* — 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ~~574~~ Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number } 574 Raborg Street.

Cause of Death, First, (Primary,) Hemorrhage from Navel

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Early Lot Range

Date of Burial, 26 Dec 1881 Geo G. Brewer *M. D.*

Medical Attendant.

Undertaker, Charles C. White

Place of Business, grant 35 *Address,* 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. KELLY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53725

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec – 26 – 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michel Unverzagt

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 654 Pen Ave

Cause of Death, First, (Primary.) Croup – Pseudo-membranous

Second, (Immediate.)

Duration of Last Sickness, 2 – day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 28th 1881

Undertaker, J. W. Ohrenroth

Place of Business, 336 Pennsa Ave

D. J. Howard *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56426 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

Date of Death, Dec. 25 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Briggs

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52. Barnet

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West River. Md

Date of Burial, Dec 28. 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* 57 Barnet

J. H. W. Nebitt M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans. 8. 24 67

Board of Health, City of Baltimore,

Permit No. 53.727 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

Date of Death, Dec. 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Schuman

Sex, ~~Male~~ *or - Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 94 Fairmount Ave

Cause of death, First, (Primary,) Diptheria

Second, (Immediate,) Laryngitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, W. Hebrew B. Cemetery

Date of Burial, Febr 28th 1881

Undertaker, Wm Eller

Place of Business, 101 Gough St

G. G. Kuhn M. D.,

Medical Attendant.

Address, Balt. & Mas L.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83.728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 27 1881
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Williams

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Blackburn England

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 1st 59 Bruce St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 28th 1881

Undertaker, Chas T Scriven

Place of Business, 2710 Eutaw St

D. C. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53729 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Dealone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 166 N. Henry St

Cause of death, First, (Primary,) Small Pox

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 27 1881

Undertaker, F B Cook

Place of Business, 93 Eutaw St

Edwd F. Mitchell M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53730 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Dec 27 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Mary Elizabeth Thompson

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. } .....

Age, ... *Years,* 3 *Months,* 14 *Days.*

Color, ... w

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ..... City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } ..... 237 Light St

Cause of death, { First, (Primary,) ..... Convulsions
Second, (Immediate,) ..... a few minutes

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 28 1881

Undertaker, ~~C~~ F. Krauss

Place of Business, ... *Address,* .....

D. Deaver M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Estella Kelly

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number} No 199 Biddle St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asphixia

Duration of last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 28th 1881

Undertaker, John T. Monaghan

Place of Business, 320 E. Monument

F. J. Flannery *M. D.*
Medical Attendant.

Address, N.E. Cor. Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53732

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH REPORTS DEC 28 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th Dec 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Ulrich

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* 26 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 146 Johnson St

Cause of Death, First, (Primary.) Dysthenia —

Second, (Immediate.) Albuminuria & convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 28

Undertaker, B. Hurle

Place of Business, 82 West St.

Augustus W. Dodge M.D.,
Medical Attendant.

Address, 207 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53733

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 12 Shields Alley

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) .....

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 28 1881

Undertaker, Mr Hemsley

Place of Business, 116 Hemsley

E. H. Miller M.D.,

Medical Attendant.

for F. B. Gardner M.D.

Address, 11 Greene St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53734 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Riepe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Darmstadt Damme, Duchy of Baldenburg

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give street and number.} 242 N Eden St

Cause of death, First, (Primary,) Has for a long time had chronic Bronchitis

Second, (Immediate,) death sudden [redacted] probably from weak heart

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Forest Cem'y

Date of Burial, Dec 29 1881

Undertaker, Henry Hook & Son

Place of Business, 309 N Eutaw St

L. Warner M. D.,

Medical Attendant.

Address, 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53,735

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 11 Watson Street East

Cause of Death, First, (Primary.) Scarlatina Malegna

Second, (Immediate.)

Duration of Last Sickness, 3 1/2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel, City

Date of Burial, Dec 28. 1881

Undertaker, J. D. Roring

Place of Business, 97 Orleans, et

Charles M. Mayfield M.D.,
Medical Attendant.

Address, No 67 E. Baltimore Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52,736 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Barlow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~44~~ *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship-Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} # 356 E. Lombard St.

Cause of death, First, (Primary,) Congestive Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 27th 1881 G. G. Cook M. D.,

Undertaker, Denny & Mitchell

Place of Business, 66 S. Broadway *Address,* Balt. & Wash. R.R.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53737

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Logan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 38 *Years,* 10 *Months,* 17 *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Drawer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, abm 14 years

Place of Death, {Give street and number.} No 10 Caroline Road City

Cause of Death, First, (Primary.) gangrene of Scrotum

Second, (Immediate.) Pyaemia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Dec 29th

Undertaker, John O Paulus

Place of Business, 66 Frederick ave

A. J. Thomas M.D.,
Medical Attendant.

Address, 143 N° Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53738 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Matthews

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sunbury Penna

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 309 N. Eden St.

Cause of death, First, (Primary,) Dysentery

Second, (Immediate,) Asthenia

Duration of Last Sickness, 52 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec 28th 1881 William Bruton M. D.,

Undertaker, Denny & Mitchell Medical Attendant.

Place of Business, 58 W. Fayette St. *Address,* Forest P.O. Charles Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina A. Hurley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 425 Lombard St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~Dr Cambridge Md~~ Loudon Park M. D.

Date of Burial, Dec 29th 1881 Medical Attendant.

Undertaker, R. Renwick & Sons *Address* 146 Hanover St

Place of Business, 92 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trans. 2473

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37740 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Louis Petge

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 7 *Years,* 2 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} N Fremont Ave 492

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Paralysis of heart

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 29th 1881

Undertaker, F. Lewis Schaefer

Place of Business, 109 n Fremont Address, 224 West Fayette Street

L. J. Pleinmore M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53741

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1885 BALTIMORE

Permit No. 53741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Buchard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 yrs *Years,* 0 *Months,* 26 *Days.*

Color, Coloured

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 yrs 26 days

Place of Death, {Give street and number} Hughs Alley No 12

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 28 85

Undertaker, John H. Owens

Place of Business, 152 Lee St

Wm P Chum M. D.
Medical Attendant.

Address, University Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUBANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53742 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gross.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8. *Years,* ——— *Months,* ——— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 60 Church St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem

Date of Burial, Dec 29-1881

Undertaker, Hercules Ross.

Place of Business,

Thomas A Hearn M. D.,

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by Jno E Pendergast

Board of Health, City of Baltimore,

Permit No. 53.743. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore Dec 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Lavey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 178 Fell Ave

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 28. 1881

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Geo. J. Dwyer M. D.,
Medical Attendant.

Address, 622 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53744 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno R Fitzsimmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 772 Baltimore

Cause of death, First, (Primary,) Fall from 4th Story Window

Second, (Immediate,) Fracture at base of skull probably

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 28th, 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Edmund Walker M. D.,
~~Medical Attendant.~~

Address, Corona MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 033745

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A R Smith Lanier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor Saratoga St. Balto

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Anthracia.

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 29th 1881

Undertaker, H W Jenkins & Son

Place of Business, 75 N Chas St *Address,*

Chas. T. Smith M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53746

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Fisher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, First, (Primary.) Pulmonary Tubercular

Second, (Immediate.)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 29-1881

Undertaker, D Mullen

Place of Business, —

W. J. Ward M.D.,

Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to Law of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Marsheck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 8 *Days.*

Color, W *Sex,* M

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 647 Penna Ave -

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Throat Complication

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem. Chas E Sadtler M. D.

Date of Burial, Dec 29 th 1881 Medical Attendant.

Undertaker, Geo Soffrain Address 565 Druid Hill Ave

Place of Business, 121 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52,748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Gerner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years & four or five weeks

Place of Death, {Give street and number} No. 1 E. Bond St.

Cause of Death First, (Primary,) Congestion of the Lungs and

Second, (Immediate,) the heart

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 29 1881

Undertaker, J. A. Rosing

Place of Business, 97 Orleans St

Frances A Gaw M. D.
Medical Attendant.

Address, 105 E. Eut. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53749

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hourley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 207 S. Eutaw St

Cause of Death, First, (Primary.) Paralysis of Brain

Second, (Immediate.)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 28 1881

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St

W. R. McKenzie *M.D.,*

Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53,750

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC. 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cochon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} /

Age, 1 *Years,* 3 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 186 Caton Avenue

Cause of Death, First, (Primary.) Malarial Fever (supposed)

Second, (Immediate.)

Duration of Last Sickness, abt 12 days

All the above information should be furnished by the Physician.

Place of Burial, Altamont Cem

Date of Burial, December 28

Undertaker, H Depkel

Place of Business, 151 S Bond

Chas Mosher M.D.,
Coroner
Medical Attendant.

Address, 67 Walk St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53,751 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27. 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Branch

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 29 Eastern Ave.

Cause of Death, {First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, 6 Months,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Dec 29th 1881

Undertaker, Jas. E. McShane

Place of Business, 98 S. Howard St. *Address,* 524 W. Fayette St.

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 53752

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 53752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. E Richards

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England — 12 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 Hanover St

Cause of Death, First, (Primary,) Cardiac Embolism

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, H Lincoln Cemetery

Date of Burial, Dec 29 1881

Undertaker, James P Byrne

Place of Business, No 13 N Front St

D Steel M. D.
Medical Attendant.

Address 143 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 427

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 59,453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
DEC 29 1881
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth West

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* 9 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number} 402 Eastern ave (Canton)

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Consumption

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec. 29th 81

Undertaker, Mc. France

Place of Business, 980 Canton Ave

Jno C Benzinger M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53754

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec Corner 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 21 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number.} 335 Wolfe Street

Cause of Death, First, (Primary.) Bronchitis (supposed)

Second, (Immediate.)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 29th 81

Undertaker, Wm. France

Place of Business, 280 Canton Ave

Chas. H. Morgan M.D.,

Medical Attendant.

Corner's

Address, 625 Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

53755

Board of Health, City of Baltimore,

Permit No. ~~53654~~

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co.

Duration of Residence in the City of Baltimore, 2 years —

Place of Death, {Give street and number.} B & O. R.R. near Hanover St

Cause of Death, First, (Primary.) Run over - by accidentally falling between freight Cars - drawn by Engine No 186. B & O. R.R.

Second, (Immediate.)

Duration of Last Sickness, 5½ hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 26th 1881

Undertaker, S. M. Leonard

Place of Business, 252 W. Baltimore St.

Dr. J. Bell M.D.,

~~Medical Attendant~~ Coroner So Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 730 Hanover St

Cause of Death, {First (Primary,) Diphtheria / Second (Immediate,)}

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec. 29th 1887.

Undertaker, J. B. Cook.

Place of Business, 707 W. Balto St

Edwin Cole M. D.
Medical Attendant.

Address 1446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53757

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sallie Fairbanks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or Country and how long in the United States, if of foreign birth.} In

Duration of Residence in the City of Baltimore, Lives at Sag Harbor, Long Isl'd St On a visit to "

Place of Death, {Give street and number.} 119 E Baltimore St

Cause of Death, First, (Primary.) Embolism

Second, (Immediate.) Paralysis Nerv.

Duration of Last Sickness, Four days — Consulting Physician Dr F Donaldson

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 29th 1881

Undertaker, Thomas S. Hughes

Place of Business, 60 E. Baltimore St

A Kraft Shanfarber M.D.,
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53758

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr Joseph Albertus Aschbach

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty Six *Years,* *Months,* *Days.*

Color, White -

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Physician & Apothecary.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Cor Howard & Saratoga Sts. N.E. -

Cause of Death, First, (Primary.) Ulceration of leg - Mariasmus -

Second, (Immediate.) Exhaustion -

Duration of Last Sickness, about Six Years -

All the above information should be furnished by the Physician.

Place of Burial, St. Peters' Cem.

Date of Burial, Dec. 30 1881

Undertaker, Jos. B. Cook

Place of Business, 707 N. Balto. St.

W. Cran Bibbins M.D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53759 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph S. Johns

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 371 Park Ave

Cause of death, First, (Primary,) —

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30th Dec. 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St

Wm. Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53760 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Mary Partridge

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* 9 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 175 S. Paul St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of Last Sickness, Several Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30th Dec. 1881

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St *Address,*

Hans L. Smith, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5376/

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5376/

HEALTH DEPARTMENT DEC 29 1887 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28th, 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. A. Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 8 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 84 Aisquith alley,

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number} 84 Aisquith alley,

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia,

Duration of last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, December 30

Undertaker, Hercules Ross

Place of Business, 95 Monument St

A. G. Watts M. D.
Medical Attendant.

Address, 106 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City ...

Permit No. 13762 — *Office of Registrar of Vital Statistics.* Ward 1-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Slizka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* ... *Months,* ... *Days.*

Color, Female

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} S. E. Cor. Washington & Jefferson Sts

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) ...

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Dec 30 1881

Undertaker, John Koenig.

Place of Business, 382 Orleans St

J. F. Loellenberg. M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 53763 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V. Henry Smith (Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 2 " *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 11 Mason alley

Cause of Death, First, (Primary,) —

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 29 1881

Undertaker, Chas. T. Scrivener

Place of Business, N. Eutaw St. *Address,* Commissioner of Health

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Sworn to Dec 29. 1881 S. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hynson Sollers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 96 W. Fayette St

Cause of Death First, (Primary,) Phthisis Laryngea and Pulmonalis

Second, (Immediate,) "

Duration of last Sickness, Many Months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec 30 1881

Jno. Lloyd Martin M. D.
Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 201 Pa ave *Address,* 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33765

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec. 27th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Slack

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty seven *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 132 McElderry St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Dec 30th 1881

Milton N Taylor M.D.,
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* Broadway & McElderry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33766 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday, Dec. 29.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Wise

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 237 N. Central Ave.

Cause of death, First, (Primary,) Diphtheretic Croup

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec 30. 1881

Undertaker, John W Jackson

Place of Business, Cor. Caroline & Eloy

Wilmer Brinton M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29 — 81.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria A. Miller

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Worcester Co.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give street and number} Princess Anne, Somerset Co. Md

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Princess Anne, Md.

Date of Burial, Dec. 31st 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

F. D. Clark M. D.
Medical Attendant.

Address, Princess Anne, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2471 Burial

Board of Health, City of Baltimore,

Permit No. 33768 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

Date of Death, December 29–1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wilson Kirkman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 27 *Days.*

Color, ——

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 518 W. Fayette St

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,) Pulmonary Collapse

Duration of Last Sickness, (about) 1 week —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Dec 30th 1881

Undertaker, Denny & Mitchell

Place of Business, 55 W. Fayette St

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53769 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Mathews,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 300 N. Eden St.

Cause of death, First, (Primary,) Diphtheritic Croup,

Second, (Immediate,) Asthenia,

Duration of Last Sickness, 4 days.

All the above Information should be furnished by the Physician.

Place of Burial, Green Berry Pd

Date of Burial, Dec 30th 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 4 Cathedral St

E. H. Lemmon, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2447 2 Name [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC
29
1891
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1891.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis McElraney

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixteen *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 71 — Stockton St

Cause of Death First, (Primary,) Heart Disease

Second, (Immediate,) Hydropericardium

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Dec 30th 1891

Undertaker, Geo. Saffran

Place of Business, 121 Penna Ave

J. Bacon M. D.
Medical Attendant.

Address, Cor Argyle ave & Lubber St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5377 / *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death Dec 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Sherry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grocer & Liquors

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 101 S. Caroline St.

Cause of death, First, (Primary,) Bright's disease

Second, (Immediate,) Uraemia

Duration of Last Sickness, Nearly 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec. 30th

Undertaker, Wendel Bros

Place of Business, S. Broadway 15

James E Donelle M. D.,
Medical Attendant.

Address, 299 E Bath St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Chamberlain

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 15 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 13 E. Biddle Street

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) "

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A. G. Watson *M. D.*

Date of Burial, Dec 31st Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address* 429 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th December 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilli Ludwig.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 8 *Days.*

Color, white.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 288 S. Hannover Str.

Cause of Death { First, (Primary,) / Second, (Immediate,) } Diphtheritis maligna.

Duration of last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 30th 1881

Rob Arthur Senior M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 53774 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 29 3 1881 BALTIMORE

Date of Death, Dec 28 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Sonnenthal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 74 Harrison

Cause of Death, First, (Primary,) Senile marasmus

Second, (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician:

Place of Burial, Eden St Hebrew Cem

Date of Burial, Dec 30th 1881

Undertaker, Wm Eilau

Place of Business, 101 Gough St Address,

A A Arnold M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53775 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 3 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Fowler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Newark N. J. V

Duration of Residence in the City of Baltimore, Fourth year

Place of Death, {Give street and number.} Nr 123 Parkin St

Cause of death, First, (Primary,)

Second, (Immediate,) Diptheria

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Dec 29 1881

Undertaker, Matthew Cadogan

Place of Business, 42 Mulberry St

H. C. Thein M. D.,
Medical Attendant.

Address, 39 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33776

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 28, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wesley Keely

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bookkeeper.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 384 Eager St.

Cause of Death, First, (Primary.) Bulbar Paralysis.

Second, (Immediate.) Cerebral Hemorrhage.

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 30-1881.

Undertaker, Fry & Son

Place of Business, 81 N Broadway,

Thurlow Tibbey M.D.,
Medical Attendant.

Address, 44 Hanover St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53777 *Office of Registrar of Vital Statistics.* Ward 15 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Blackston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 623 Wilkens

Cause of death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 30

Undertaker, H Ross

Place of Business, 95 Monument St

C. C. Berg M. D., Medical Attendant.

Address, 202 Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53778 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kinsella

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 78 E. N. ave

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mon. Cathedral

Date of Burial, Dec 30th

Undertaker, H. C. Middleton

Place of Business, 90 Baltimore

Geo. L. Reynolds M. D., Medical Attendant.

Address, Calvert & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53779 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzy M Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Fmale

Age, 47 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} Central M. E. Church South

Cause of death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,) Died suddenly

Duration of Last Sickness, ✓

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemy

Date of Burial, Dec 31st 1881

Undertaker, Dennis Mitchell

Place of Business, 550 W Fayette St

H. F. Hill *M. D.,*
Medical Attendant.

Address, 443 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53780 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha E Glenn

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Coal Co Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 47 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 50 N Caroll St

Cause of Death, First, (Primary.) Dr Mitchell

Second, (Immediate.) about 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 31st Dec 1881

Felix Lee M.D.,
Medical Attendant.

Undertaker, H W Jenkins Son

Place of Business, 75 N Charles St *Address,* 2 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53781 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lohner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 1051 N. Chapel St.

Cause of death, First, (Primary,) Senile Decay – General Paralysis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, Dec 3/81

Undertaker, Michael Lynch

Place of Business, No 35 Bank St

F. L. Neill M. D.,
Medical Attendant.

Address, 1 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

Permit No. 53784

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decem. 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Allenberg

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~ Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 61 Hanover

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Artem

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hebron Cemetery

Date of Burial, Dec 30th 1881

Undertaker, Wm Ellis

Place of Business, 101 Gough St

[illegible] M. D.
Medical Attendant.

Address, 148 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

Permit No. 53783 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 30 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday December 28 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alberto Sutter

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, —— *Years,* 2 *Months,* 1 *Days.*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 109 Hanover lane

Cause of death, First, (Primary,)

Second, (Immediate,) Spasms including Muscles of Deglutition

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, December 30

Undertaker, Chas A White

Place of Business, 35 Granby st / *Address,* 561 W Fayette st.

Dunnett Hong M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 53784 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 3 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29, 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Chas Ochs,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 1/2 *Months,* ~~11~~ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 208 S. Bond St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Evangelical Cemetery

Date of Burial, Dec. 30th 1881

Undertaker, Wm. Nicolaus

Place of Business, 253 Aliceanna St. *Address,* 94 S. Broadway.

A. F. Erich M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53785

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 29—81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Abraham

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 6 Broad Alley

Cause of Death, First, (Primary.) Insanity

Second, (Immediate.) Marasmus

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Ohab Shalom Cemetery

Date of Burial, Dec 30th

Undertaker, Wm Eilau

Place of Business, 101 Gough St

Frank Moyer M.D.,
Medical Attendant.

Address, 75 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53786

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December. 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Little

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 7 S. Exeter St.

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 31st 1881

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

J. W. Houck M.D.,
Medical Attendant.

Address, 75 E Balt. St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53787 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T. Miller, Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 8 *Months,* 28 *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not reqnired in this line.}

Occupation, Plumbers apprentice.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number.} No 665 Penna. Avenue.

Cause of death, First, (Primary,) Idiopathic Tetanus.

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan 1st 1882

Undertaker, Walter Sumner

Place of Business, 315 W. Biddle

H. Richter M. D.,
Medical Attendant.

Address, 530 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 7 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Richmond Virginia

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, { Give street and number. } 2 St Paul's Court

Cause of Death, { First (Primary,) / Second (Immediate,) } Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, ~~Mount Hermon~~ Richmond Va

Date of Burial, Dec 30th 1881

Undertaker, Leo W Perkins & Leo

Place of Business, 130 Henrietta St

A. F. Price M. D.
Medical Attendant.

Address 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2478 Fremont

Board of Health, City of Baltimore,

Permit No. 53789

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28/87.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bald. city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 161 S. Sallas

Cause of Death, First, (Primary.) Acute Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 30th 1881

Undertaker, Geo W Perkins & Co

Place of Business, 130 Henrietta st

R W Mansfield *M.D.,*
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Patrick McKenna

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 0 *Months,* 0 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 274 W. Lombard St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Blood Poisoning

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral J. E. Lindsay *M. D.*

Date of Burial, Dec 30th Medical Attendant.

Undertaker, H. C. Wadefield *Address* 167 Park Av.

Place of Business, 90 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53791

BALTIMORE MD. DEC 30 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, About 40 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Not Known

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 month

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 24/81

Undertaker, Fred A Kuehnel

Place of Business, #50 S Carrollton Ave

WEST M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 5 5 7 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE DEPARTMENT DEC 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George McDonnell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} not Known

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 5 Weeks

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary,) Burns of lower Extremities

Second, (Immediate,) Chronic Pyaemia

Duration of last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 24/81

Undertaker, Fred A Kirchner

Place of Business, 50 & Carrollton Ave

J W Esk M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ADAM, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 53793

Office of Registrar of Vital Statistics

DEPARTMENT OF HEALTH DEC 30 1881 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Rothwell

~~Sex,~~ *Male or* ~~*Female*~~, { Cross out the word not required in this line. }

Age, — *Years,* — 4 *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto, City, Md,

Duration of Residence in the City of Baltimore, 4½ months

Place of Death, { Give street and number. } Watsons Court No 7

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Md Carmel Cemetery

Date of Burial, Dec 30th 1881

Undertaker, Caspar Eckhardt

Place of Business, 209 Canton Ave

Wm H. Norris M.D.,
Medical Attendant.

Address, B. & O. Railway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53794 *Office of Registrar of Vital Statistics.* Ward 7 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schurmia

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 mos

Place of Death, {Give street and number.} St Josephs Hosp.

Cause of death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 31 Dec

Undertaker, Adam Fink

Place of Business, 461 W Jay St

D A Warner M. D.,
Medical Attendant.

Address, pro tem.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53795 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Miller

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 30 *Years,* 1 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 5 Jefferson st

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Dec 31st 1881 J. Thos. H. Sims M. D.,

Undertaker, John E. F. Locks

Place of Business, Address, Comm. of Health

Medical Attendant

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Examined J. P. Smith

Board of Health, City of Baltimore.

Permit No. 53796 *Office of Registrar of Vital Statistics.* Ward 2 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 243 S. Broadway

Cause of death, First, (Primary,) Suffocation from the presence of a

Second, (Immediate,) foreign body in Bronchi

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, January 1882

Undertaker, John P. Schuck

Place of Business, 165 Aisquith

John H. Rehberger M. D.,
Medical Attendant.

Address, 243 Alice Ann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53797

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 30 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Krug

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 17 Lange St.

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 31.

Undertaker, Walter Emmert

Place of Business, 345 W. Fayette

D. Gillis *M.D.,*

Medical Attendant.

Address, 89 N. Green St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 31 BALTIMORE

Permit No. 53798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Gilpin Childs

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, on a visit

Place of Death, {Give street and number} 46 N. Calhoun St.

Cause of Death, First, (Primary,) Meningitis - Tuberculous

Second, (Immediate,) Spasm

Duration of last Sickness, about 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31 1881

Undertaker, Denny Mitchell

Place of Business, Cor Republican & Fayette

Harbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53799 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wm Langley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* Fourteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 47 E. Frederick St.

Cause of death, First, (Primary,) Cerebritis

Second, (Immediate,) Convulsions

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician.

Place of Burial Mt. Carmel

Date of Burial, Dec. 30th 1881

Undertaker, Michael Feunty

Place of Business, Sons Banker *Address,* 3 South Broadway

Walter R. Way M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53800 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Strauch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, Nine *Years,* ~~Mos~~ —— *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 15 Leadenhall St.

Cause of Death, First, (Primary.) Tabes Mesenterica

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 31st 1881

Undertaker, C. F. Krause

Place of Business, ——

Dr. L. H. Barclay M.D.,
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53801 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca McLeary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey 2 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 179 Scott St

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 or 8 Mos

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Dec. 31 81 Geo D Blake *M. D.,*

Medical Attendant.

Undertaker, W. J. Fickner

Place of Business, 65 E Eutaw *Address,* 168 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53802 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Bennet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 156 N. Spring St

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, One month 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 30

Undertaker, Chas A Wm

Place of Business, 35 Druid Hill Ave

Geo D Guyer *M. D.,* Medical Attendant.

Address, 220 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53803

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Francis Hamer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 26 *Days.*

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } Hillen st No 56

Cause of Death, First, (Primary.) Dietetic error & indigestion

Second, (Immediate.) Congestion of brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, December 31. 1881

E. C. Baldwin *M.D.,*
Medical Attendant.

Undertaker, Chas. A Thule

Place of Business, 35 Granby *Address,* 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53804

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT
DEC 31 1881
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Clifton Sheffield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 313 McHenry

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.)

Duration of Last Sickness, about 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 31' 1881.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

W. McMechen M.D.,

Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 12.30.81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. McCarthy

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 276 W. Fayette St

Cause of Death {First, (Primary,) Burn

{Second, (Immediate,)

Duration of last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Lorey Green Baltimore Co

Date of Burial, Dec 31

Undertaker, Joseph B Cook

Place of Business, 707 west Baltimore

N H Eastman *M. D.*
Medical Attendant.

Address, 249 Lurtin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 53806 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Walker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Four *Years,* nine *Months,* twenty two *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 572 Hanover St

Cause of Death, First, (Primary.) Croupus Diphtheria ✓

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec. 31

Undertaker, Ernst Saltzman

Place of Business, 200. Sharp.

De Lancey H Barclay M.D.,
Medical Attendant.

Address, 47 Conway St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53807 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Dannenfelser

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5/ *Years,* 6 *Months,* 21 *Days.*

Color, Wh

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 117 Eastern Ave

Cause of death, First, (Primary,) Ascites

Second, (Immediate,)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 4th 1882.

Undertaker, Peter Sixey

Place of Business, 91 Eutaw St

E. B. Billau *M. D.,*
Medical Attendant.

Address, 57 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Green.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, Black.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washer-woman.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number} 16 S mts St.

Cause of Death, First, (Primary,) Senility.

Second, (Immediate,)

Duration of last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 1 1882

Undertaker, S. H. Chase

Place of Business, 120 Pennsylvania Ave

A. G. Watts M. D.
Medical Attendant.

Address, 106 Columbia Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
DEC 31 1881
BALTIMORE, MD.

Permit No. 53809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30 Dec 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, Nine Years, Months, Days.

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Queen Mellon Court

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 31 1881

Undertaker, J Wilson

Place of Business, 98 Lombard

Jno R Quinan M. D.
Medical Attendant.

Address, 68 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53810 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Metzgar

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 25 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 288 Johnston St

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) "

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Alpha Mss

Date of Burial, Dec 31/81

Undertaker, E Hails

Place of Business, ...

W G Rowe M. D.,

Medical Attendant.

Address, 288 Johnston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53811 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 188[illegible] BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 189[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Hastle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 6 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} Hanover & McComas

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dez 31st 11

Undertaker, B. Heerle

Place of Business, Nr 82 Westfield *Address,* 168 S Paca St

Jno D Blake M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Benjes

Sex, Male or Female, {cross out the word not required in this line.} Fem'l

Age, 34 Years, ~~6~~ 4 Months, 6 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 14 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 27 N. Pratt St.

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Jan 2d 1882

Undertaker, Mr. P. Kimmel

Place of Business, 317 Mulberry Address, 170 S. Sharp St.

Wm Gombel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 53813 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29. 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Ford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* 15 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pemberton New Jersey.

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} 196 Carrollton Ave.

Cause of death, First, (Primary,) Senility

Second, (Immediate,) Intermittent Fever

Duration of Last Sickness, 30 Days

All the above information should be furnished by the Physician.

Place of Burial, North East Lodge Co. Md

Date of Burial, Jan 2d 1882

Undertaker, John T. Humphrey

Place of Business, 340 Lemmon Ave *Address,* 215 N. Carrollton Ave

John D. Kemp M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2476 Transit

Board of Health, City of Baltimore.

Permit No. 53814 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 29. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Margaret Heussmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany 31 yrs in U.S States

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 431 E. Fayette St.

Cause of death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, January 1. 1882

Undertaker, John Hancock

Place of Business, 382 Orleans St

J. H. Ellenberg. M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 33815 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 29/88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Fairbank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va ✓

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 254 Lexington St

Cause of death, First, (Primary,) Carcinoma of the Liver. Ascites.

Second, (Immediate,) Bronchitis + Exhaustion

Duration of Last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 1st 1889

Undertaker, Robt E Scriven

Place of Business, 241 N Eutaw

Edward P McDevitt M. D.,
Medical Attendant.

Address, 162 E Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53816 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this ~~Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mayfield Cornell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 15 *Months,* 18 *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 117 N Eddle

Cause of death, First, (Primary,) bronchitis

Second, (Immediate,) meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 2d 1882

Undertaker, Reed & Scruggs

Place of Business, 271 E Eutaw St

G Lane Tanneyhill M. D., Medical Attendant.

Address, 129 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53817 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30/81 William R. Fleming

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 201 N. Broadway

Cause of death, First, (Primary,) Dept. Croup.

Second, (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, January 1. 1882.

Undertaker, Wm. H. Heckmann,

Place of Business, 234 N. Gay St.

Edwd. P. McDevitt M. D., Medical Attendant.

Address, 162 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53818 *Office of Registrar of Vital Statistics.* Ward.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1887 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Atmic P.~~ Thursday, Dec 29th 87.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amad Raymond

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 82 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow.

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania ~ 2 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. cor of Hartford Ave & Biddle

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) Bed Sores and Exhaustion incident to old age

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Hockley Cross Cemetery

Date of Burial, Dec 31 87

Undertaker, M. C. Winfield

Place of Business, 26 Greenmount

Wilmer Trimlow, M. D.,
Medical Attendant.

Address, 25 ½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53819 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Jno. O. Nash

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Caulker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 107 Johnson

Cause of death, First, (Primary,)

Second, (Immediate,) Chronic Dysentary

Duration of Last Sickness, 6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 1st 1882

Undertaker, Geo. Schilling

Place of Business, Ashland Square

E. J. N. Tall M. D.,
Medical Attendant.

Address, 152 Shunk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53820 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Alexander~~ Johnson / Alexander Johnson

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Rayborg st Lifo

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 22 Bruno al

Cause of Death, First, (Primary.) Smothering.

Second, (Immediate.) not known (about 1/2 hour) Subpoena

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Dec 31/81

Undertaker, Frank A Kerchner

Place of Business, 50 S Carrollton Ave

Alexander Insley *M.D.,*

Medical Attendant

Address, Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 115 S. Ann Street

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Six days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Hope

Date of Burial, Jan. 4th

Undertaker, Wm. Dimmel

Place of Business,

Chas W. Neff M. D.
Medical Attendant.

Address, 306 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 63822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Idela Lawrence

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Dep Ct.

Cause of Death, First (Primary,) ____ Second (Immediate,) Convulsions

Duration of Last Sickness, one days

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Dec 31 81

Undertaker, Chas H Grundy

Place of Business 160 Market St

Frank W Gunnee M. D.
Medical Attendant.

Address 187 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 53823

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1881,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard B. Johnson,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 8 *Months,* 23 *Days.*

Color, White,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Salesman,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto County, Md,

Duration of Residence in the City of Baltimore, Twenty Years,

Place of Death, {Give street and number.} City Limits Philad Road,

Cause of Death, First, (Primary.) Tuberculosis,

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, Five Months,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 1st 1882

Undertaker, Henry Sander

Place of Business, 252 Canton ave

J. W. Chambers *M.D.,*
Medical Attendant.

Address, 133 N Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53824

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30th December 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 3 *Months,* 10 *Days.*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widow

Occupation, Laundress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Worcester Co. Maryland

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give street and number.} 91 W. Dover St.

Cause of Death, First, (Primary.) Pleura-Pneumonia ✓

Second, (Immediate.) Asthenic

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 1. 82

Undertaker, H Ross

Place of Business, 95 Conway St

L. D. Byes M.D.,

Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53825 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Queen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 48 Colvin st.

Cause of death, First, (Primary,)

Second, (Immediate,) Hepatitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 1. 1882

Undertaker, H. Ross

Place of Business, 15 Conway St

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53826 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meneke.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany. (45 yrs in U.S.)

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give street and number.} 431, W. Pratt. St.

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Monday Jan 2d 1882

Undertaker, Geo. Leinbach

Place of Business, 389 W. Balt. St.

R. J. H. Tull, M. D., Medical Attendant.

Address, 15-2 Sharp, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53827 *Office of Registrar of Vital Statistics.* Ward 19 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Booze

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Parish alley above Franklin

Cause of Death, First, (Primary,)

Second, (Immediate,) Small Pox

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Dec 31st 1881

Undertaker, J. A. Kerchner

Place of Business, 50 S. Conkling *Address,* Comm of Health

Jas A Steuart M. D., Medical Attendant

a Boarder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Exam by Lew E. Brown Sr D.

Board of Health, City of Baltimore,

Permit No. 53828. *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. DEC 31 1881 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaiah Hawkins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Colo

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 3. Lincoln Alley

Cause of Death, { First, (Primary.) ——— Second, (Immediate.) Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 1st 1882

Undertaker, C. A. White

Place of Business, Grundy St

James H. Heuisler M. D.,

~~Medical Attendant~~ Coroner's Physician

Address, Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by John E. Durding

Board of Health, City of Baltimore,

Permit No. 13829

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 1 1932 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Lannan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Limerick Ireland

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} S.W. Corner Franklin & Gilmore Sts

Cause of Death, First, (Primary.) Cardiac disease for years

Second, (Immediate.) Jaundice - Gall Stones

Duration of Last Sickness, Contracted bad health - About three weeks. Final attack

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 1 1882

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Richard McSherry M.D.,
Medical Attendant.

Address, 1814 Harford

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 55850 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 1 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 31 / 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willard Dayton Barton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lunenburg Pa

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} N W Cor Penn & Shirley Ave

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,) Phlebitis and pyaemia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Lonaconing Md

Date of Burial, January 2 1882

Undertaker, F H Cook

Place of Business, 707 West Balto Address, Balto

W G Caroline M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5,585 *Office of Registrar of Vital Statistics.* Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1932 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 31st 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Volker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 362 Pen av.

Cause of death, First, (Primary,) Heart Disease & Chronic Bronchitis

Second, (Immediate,) Dropsy

Duration of Last Sickness, 6 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bal Cem

Date of Burial, Jan. 2. 1882

Undertaker, Wm Lemmon

Place of Business, 315 W. Balto

Louis E. Horn M. D.,
Medical Attendant.

Address, cor Mulberry & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emery J Ennis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 76 Stricklin Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Jmmy 1 1882

Date of Burial, Sharp St Cemetery

Undertaker, William H Burgee

Place of Business, 62 East St

J. Edward Kirby M. D.
Medical Attendant.

Address 74 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 55833 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 31th December 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Glaser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, 55 *Years,* 11 *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} .....

Occupation, Newsman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Stuttgart, Württemberg, Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} N. Durham street 36

Cause of death, First, (Primary,) Degeneration renum Scirrhosa

Second, (Immediate,) Schirrus of Kidneys

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem'y

Date of Burial, January 2th 1882

Undertaker, Peter Frey

Place of Business, 91 Eden Ave

William Henkel M. D.,

Medical Attendant.

Address, S. Wolfe & N.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53834

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 31 ff 1030 P.M. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William son of William & Mary Schmidt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } Infant

Occupation, Infant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 8 days

Place of Death, { Give street and number. } 69 Market Space

Cause of Death, First, (Primary.) 7 days

Second, (Immediate.) Spasmatic Lelinus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 1 1882

A L Shertzer *M.D.,*
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 & 11 Front St *Address,* 11 S. Hanover St

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 35835 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1932 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, ed

Married, Single, ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and Number.} 15 Parrish alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial W. P. Cemetery

Date of Burial, Jan 1st 1882

Undertaker, F. A. Kerchner

Place of Business, 55 E. Carrollton Ave *Address,* Respon

Wm. A. Steele M. D.,
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown (Inspector)

Board of Health, City of Baltimore,

Permit No. 35836 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 31st. 81.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Nelson

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* 10. *Months,* ..... *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 110 Pierce

Cause of death, First, (Primary,) Capillary Bronchites

Second, (Immediate,) Congestion Brain

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan. 1st 1882

Undertaker, Wm J. Gray

Place of Business, 68 Mulberry

Louis L. Horn M. D.,
Medical Attendant.

Address, 226 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Aylmerus Joseph Coman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, State of Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 41 Courtland St

Cause of Death, First (Primary,) Pertussis

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemy

Date of Burial, Jan 3 1882

Undertaker, Jos F Byrne

Place of Business, 59 W Lexington St *Address* 41 Courtland St.

D. V. Coman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53838

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. A. Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

HEALTH DEPARTMENT, JAN 1 1882 BALTIMORE, MD.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 115 E. Madison St.

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, January 1 82

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmount Ave *Address,*

Chas. Brantley M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53839 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1 = 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ana Engel

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Lady

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give street and Number. } 19 n Wolfe

Cause of Death, First, (Primary,) Encephalitis mitralis-

Second, (Immediate,) Apoplexia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Jas Aloysius Cemetery

Date of Burial, Jan 3

Undertaker, Wendell Dippel

Place of Business, S. Bond 167 *Address,* 24 E. Monument

J. Mathias *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 33840 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 1, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gaff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 517 Gay St

Cause of death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Diph. theritis

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetry

Date of Burial, January 3th 1882

Undertaker, Peter Frey

Place of Business, 91 Eutaw Av

S. S. White M. D.,
Medical Attendant.

Address, 91 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. F3841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CHEMICAL LABORATORY
JAN 2 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30th Dec: 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Pipes

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 67 *Years,* ~ *Months,* ~ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, House Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} E. Shore

Duration of Residence in the City of Baltimore, 60 days

Place of Death, {Give street and number} Lancer alley (54 No. / Courts

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) "

Duration of last Sickness, three days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burying ground

Date of Burial, January 2 1882

Undertaker, Wm Mich Cadogan

Place of Business, 227 Mulberry St

L. Donaldson M. D.
Medical Attendant.

Address, 108 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 2 1882
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 1st 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Baker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 77 Wadsworth St Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 77 Woodyear St

Cause of Death {First, (Primary,) Double Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2 1882.

Undertaker, Mathew Gaddyard

Place of Business, 227 Mulberry St

G. W. Harris M. D.
Medical Attendant.

Address, Co Fuchs & Pendman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33843 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Fell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* 10 *Months,* 27 *Days.*

Color, White

Married, ~~Single Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Lace Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and Number. } Fulton & Dover Sts

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Jan. 2. 1882

Undertaker, J. P. Paulus

Place of Business, 66 Frederick St *Address,* 319 Hallins St

James Dooley M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53844 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Egner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 1 *Months,* 7 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 34 N Eden Street

Cause of Death, First, (Primary,) Pthisis tuberculosa Intermittens

Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jan 2. 1882

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 245 E. Monument

J Luthiem M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Lewis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give street and number.} Jenkins alley bet. Lanvale & Dolphin

Cause of Death, First (Primary,) Probably consumption, she was seen by me shy one and just before death

Second (Immediate.) asthenia

Duration of Last Sickness, I do not know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Green

Date of Burial, Jan 2d 1882

Undertaker, Chas T Scriven

Place of Business, 2714 Eutaw St

S. G. Chew M. D.
Medical Attendant.

Address 141 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Dixon (Dickson)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 126 E Townsend Sts

Cause of Death, {First (Primary,) Pulmonary Phthisis
Second (Immediate,) dont Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brae C P & Reed *M. D.*

Date of Burial, Tuesday Jan 3 1882 Medical Attendant.

Undertaker, J. H. Mears & Co

Place of Business, 77 W. Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below. See also [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE, MD.

Permit No. 53847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Ball

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster-Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 17 Forest St

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Pine Laurel

Date of Burial, Jan 2 1881

Undertaker, I Abram Hayman

Place of Business, #13 Saratoga

Silas M Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1892 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Kopsky

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 56 *Years,* —— *Months,* —— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, one yr

Place of Death, {Give street and number} 121 Fulton

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City

Date of Burial, January 8 1892 D. Steel M. D.

Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 69 n Liberty *Address,* 149 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53849 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 2 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Boulden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} .....

Age, 12 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 26 Short st

Cause of death, First, (Primary,) .....

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, 2 to 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Odeon Cemetery

Date of Burial, January 2. 1882

Undertaker, William T. Dugee

Place of Business, 62 East St

J. Ridgway Andre M. D.,
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1982 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Agnilla Grounds~~ 12-31-81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnilla Grounds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 69 *Years,* ~~1~~ *Months,* ~~1~~ *Days.*

Color, Colored

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.} W

Occupation, Labor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Va City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} No 78 N Spring St

Cause of Death, First (Primary,) old age.

Second (Immediate,) Asthenia.

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Jan 2nd

Undertaker, Theodore J Fochs

Place of Business, 73 Jefferson St

Living Miller M. D.
Medical Attendant.

Address 1772 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53857 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 2 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy B. Wait

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 8 mo & 17 days

Place of Death, {Give street and number.} 138 Arlington av.

Cause of death, First, (Primary,) /

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan. 2d 1882

Undertaker, Wm. Weaver.

Place of Business, 202 N. Eutaw st

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JAN 2 1882
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 1st January 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Coale

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 2 *Months,* 27 *Days.*

Color, Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation, School

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number.} No 1 China St.

Cause of Death, First, (Primary) Chronic Nephritis

Second, (Immediate.) Convulsions and coma

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 2. 82

Undertaker, H Ross

Place of Business, 25 Conway St *Address,* 146 Hill St

L. D. Dyer M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31 81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J B. Phillips

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ... ✓

Place of Death, {Give street and number} 306 Lexington St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, Sixteen days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Jany 3rd 1882

F. E. Chatard M. D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 558 W Fayette St | *Address,* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53854 *Office of Registrar of Vital Statistics.* Ward 9

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1 — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lehane

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, Colr

~~Married,~~ Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Infirmary - Hospital

Cause of Death, First, (Primary,) Brights - Disease

Second, (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, E Balto Pub Cem

Date of Burial, Jan 3d 1882

Undertaker, P Miller

Place of Business,

H. J. Lecian - *M. D.,*
Medical Attendant.

Address, Infirmary - Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5,585 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Nancy Jones & David Barrett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 30 Minutes

Color, D

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 135 Sterling St near Chew St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 135 Sterling St between Madison & Chew

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Heart Disease a part of Mother

Duration of Last Sickness, 30 Minutes

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 2nd 1882

Undertaker, C. A. White

Place of Business, ...

Thos A Hearn M. D.,

~~Medical Attendant.~~

Address, Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1882 BALTIMORE

Permit No. 53856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie H. Forrest

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 129 Gough St.

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 3rd 1882

E. P. Ives M. D.
Medical Attendant.

Undertaker, Benny Mitchell

Place of Business, 65 S Broadway *Address,* 325 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaretha Miller

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 34 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~; { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number } 17 Pumballey over Stockholm

Cause of Death { First, (Primary,) ovaritis
Second, (Immediate,) dropsy

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jany 3d 1882

H Silver M. D.
Medical Attendant.

Undertaker, J Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 98 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1882.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Campbell Eggert

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 66 Lanvale St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis

, { Second, (Immediate,) Asthenia

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan 3rd 1882

Undertaker, C. H. Blizzard

Place of Business, Penn Ave

John Dickson *M. D.*
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 33859

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burdespercilar Boardley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, School

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md Dr

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 66 and Ireland St.

Cause of Death, First, (Primary.) Diphtheria and Laryngeal complicated

Second, (Immediate.) Cerebral Epistaxis et Exhoustion

Duration of Last Sickness, 4. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 3.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 146 Hill St.

L. A. Sykes M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53860 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Hitchens,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, C

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 92 St Paul St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 3/82

Undertaker, J H Pullman M. D.,

Place of Business, Medical Attendant.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 33861 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John I. Cuely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 212 Pierce

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, January 3d

Undertaker, Matthias Ludgate

Place of Business, 917 Aisquith

Edwd. J. Mitchell M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53862

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Conroy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 18 S. Broadway,

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion of the Lungs,

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 3rd 1882

J. W. Houck M.D.,
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 14 S. Broadway *Address,* 95 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53863

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Luke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Cor. Haw & Emory sts

Cause of Death, First, (Primary.) Scrofulodes

Second, (Immediate.)

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan 3rd 1882

Undertaker, Wm. H. Heckman

Place of Business, 234 W. Gay St

D. H. Barclay M.D.,

Medical Attendant.

Address, for Home of Friendless 58 N. Green St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53864 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 1. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Albert Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, one *Years,* exactly *~~Months~~,* *Days.*

Color, black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 45 Jenkins alley

Cause of death, First, (Primary,)

Second, (Immediate,) meningitis

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3rd 1882

Undertaker, John G. Jordan

Place of Business, 63 Park ave

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53865

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. Little

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 18 *Days.*

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infancy

Place of Death, {Give street and number.} 3 S. Exeter St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 3d 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

J. W. Hook M.D.,
Medical Attendant.

Address, 75 E. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53866 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2 ft 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucas Tracy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Waiter in Store

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92 S. Paca St

Cause of death, First, (Primary,)

Second, (Immediate,) Paralysis

Duration of Last Sickness, Six (6) hours

All the above information should be furnished by the Physician.

Place of Burial, Westa Cemetery

Date of Burial, January 4

Undertaker, J B Cook

Place of Business, 707 West Baltimore

H. L. Shuman M. D.,
Medical Attendant.

Address, 38 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53867 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Howard

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 39 *Years,* — *6 Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard & Co, Md.

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number.} 147 Mulberry St

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 3rd 1882

Undertaker, Jos B Loats

Place of Business, No 707 N Baltimore Street

W. N. Grim M. D.,
Medical Attendant.

Address, 165 W Taylor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 43868 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 2d 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederika Bayer

~~Sex, Male~~ or Female, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 37 Sterling

Cause of Death, { First, (Primary,) Carcinoma ventriculi Hepatis Dis. / Second, (Immediate,) Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery Irapt Road

Date of Burial, Jan 4th 82

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman *Address,* 24 E. Baltimore

F. Flattrim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~unwisely filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1 1892 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Mitchell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} Eden St. Ct.

Cause of Death, {First, (Primary.) Consumption

{Second, (Immediate.) ____

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3rd 1892 E. B. Fenby M. D.

Medical Attendant.

Undertaker, Graham Wagman

Place of Business, 13 Sonatuya St. *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

[illegible] PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53870 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 2 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pinadella Spicer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and number.} 315 Light st

Cause of death, First, (Primary,) Senility

Second, (Immediate,) General Debility

Duration of Last Sickness, 2 mts

All the above information should be furnished by the Physician.

Place of Burial, Bost Cemetery

Date of Burial, Jan 5 82

Undertaker, Shockley & Denny

Place of Business, 811 E Lexington

W H Ellis *M. D.,* Medical Attendant.

Address, 813 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 53871

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 31 ft 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 7 *Months,* 30 *Days.*

Color, Ed

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} 16 Forrest St

Cause of Death, First, (Primary.)

Second, (Immediate.) Paralysis Hem.

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Ashery Cemetry

Date of Burial, January 2 1882

Undertaker, William A. Dugee

Place of Business, 62 East St

A L Shorter M.D.,
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amandessa Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* Nine *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 3 Greenwillow Court

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 3 Green Willow Court

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Asphyxia from imbibition of Lazum

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Col'd Cemetery

Date of Burial, Jan 3 1881

Undertaker, D McCabe

Place of Business, 196 Howard St

Jno Duncan *M. D.*
Medical Attendant.

Address, 680 N. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53875

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ellen Truett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Six *Years,* 7 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Five years 7 moth

Place of Death, {Give street and number.} No 32 Moore Alley

Cause of Death, First, (Primary.) Bilious Fever

Second, (Immediate.) Asthenia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, Jan 4 1882

Undertaker, S H Chase

Place of Business, 98 Hanover st

B F Fisher M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53874 *Office of Registrar of Vital Statistics.* Ward 14 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida C. Gilliard

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 111 N. Spring St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3rd 1882

Undertaker, Theo Lochs

Place of Business, 73 Jefferson St

J E Hop *M. D.,*
Medical Attendant.

Address, 132 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 3
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lancelin E. Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9. *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 139 Hamburg

Cause of Death, {First (Primary,) ; Second (Immediate,)} Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 4.

Undertaker, B. Hugg

Place of Business, 82 West St.

Theodore Cotte M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33876 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 1 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand Hasselberger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 54 *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and Number. } 39 Bevan St.

Cause of Death, First, (Primary,) Intemp.

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 36 hrs.

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphons Cemetery

Date of Burial, January 3.

Undertaker, B. Clark

Place of Business, 82 West St.

Otto Schmidt M. D., Medical Attendant.

Address, 313 S. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 13877

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jany 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. T Crop

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and number.} 45 Jackson St.

Cause of Death, First, (Primary.) ~~Paralysis~~ Softening Brain

Second, (Immediate.)

Duration of Last Sickness, 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holly Grove Cemetery

Date of Burial, Jany 4 [illegible]

Undertaker, Robt Tate

Place of Business, 1411 Balto st

Geo. T Kinnemon M.D.,
Medical Attendant.

Address, 132 E Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53878

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Collins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White.

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Nothing

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland Twenty-eight Years in U.S.

Duration of Residence in the City of Baltimore, Twenty-eight Years

Place of Death, {Give street and number.} W 2 Wilson St

Cause of Death, First, (Primary.) Old age (apoplexy Edwd Jenner M.D.)

Second, (Immediate.) Asthenia

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Church

Date of Burial, Tuesday Jan 3rd 82

James Byrne M.D.,
Medical Attendant.

Undertaker, J. H. Bearer & Co

Place of Business, 72 W. Fayette St *Address,* 110 E. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53879 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

Date of Death, Jan 2 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Iona Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 137 N Eden St

Cause of Death, First, (Primary,) Cold

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Shad's Rock Cem

Date of Burial, Jan 4 - 1881

Undertaker, Wm N Lingee

Place of Business,

Thos A Clark M. D.,

Residence Merchant.

Address, Commissioners of Health

+ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex G Inc E Dunning

Board of Health, City of Balt...

Permit No. 53880

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas G. Gillingham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 23 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 158 Hanover St

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Tonsilitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md.

Date of Burial, Jan 3 1882

Undertaker, C. F. Krouse

Place of Business, 209 Hanover *Address,* 158 Hanover St

J. Kelly *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2477 Fremont

Board of Health, City of Baltimore,

Permit No. 53881 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Satterfield

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and Number.} 7 Penn Ave.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Laryngeal complication

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial Easton Md

Date of Burial, Dec 25th 1881

Undertaker, STEWART & MOWEN,

Place of Business, UNDERTAKERS, 35 Park Ave.

J Donnold M. D.,
Medical Attendant.

Address, 66 W. Chas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53884

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rhodie Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, over 70 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} 180 Dover St.

Cause of Death, First, (Primary.) Phthisis Pneumonalis

Second, (Immediate.)

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Wes Public Cemetery

Date of Burial, Jan 1/8,

Undertaker, Frank Kerchner

Place of Business, 50 S Carrollton Ave

L. A. Beck M.D.,

Medical Attendant.

Coroner's [illegible]

Address, 161 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Hance

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty-one Years, ... Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Bookkeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth -

Place of Death, {Give street and number} 274 Myrtle Aven.

Cause of Death, First, (Primary,) Apoplexy -

Second, (Immediate,) "

Duration of last Sickness, Eight hours -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan 5th 1882

Undertaker, Andrews & Hodges

Place of Business, No. 16 Druid Hill Ave

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 53884 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2-82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Marcy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, c a

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Md

Duration of Residence in the City of Baltimore, 1-1

Place of Death, {Give street and number.} 4 Rose Walk Lane

Cause of death, First, (Primary,) Diphtheria Diphtheria

Second, (Immediate,) Spasm Spasm

Duration of Last Sickness, 8 days 8 days

All the above information should be furnished by the Physician.

Place of Burial, Shop Potters Field

Date of Burial, Jan 4

Undertaker, Gothic H. owens

Place of Business, 18-2 Lee St

R M P Ellis *M. D.,*
Medical Attendant.

Address, 31 S Eight

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53,885 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Feb~~ Jan 3d. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Walker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 12 Years, 11 Months, 13 Days.

Color, White

Married, ~~*Widow or Widower,*~~ *Single,* {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 572 Hanover St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Septaemia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Dr. L. H. Barclay M.D.,

Date of Burial, Ja 4. Medical Attendant.

Undertaker, Ernst Schloman

Place of Business, 200 Sharp St. *Address,* 47 Camay St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53886 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3-1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph Ziegenhorn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* 7 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 32 Yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Shakespeare St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three three months

All the above information should be furnished by the Physician.

Place of Burial, F. German Unitat Cemetery.

Date of Burial, Janr. 5th 1882

Undertaker, Wm. Sieblaus

Place of Business, 258 Eutaw St.

G. C. Lusk M. D.,
Medical Attendant.

Address, Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 13887 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 3d. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Carl Ballos

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth ✓

Place of Death, {Give street and number.} # 12 Fell St.

Cause of death, First, (Primary,) Bronchitis followed by Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Ger. Lutheran Cemetery.

Date of Burial, Jan. 4th 1882

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Anna.

John H. Rehberger M. D.,
Medical Attendant.

Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan-3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Battrill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 438 N. Central Ave

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) "

Duration of Last Sickness, 6 Weeks & 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery R. L. Watson *M. D.*

Medical Attendant.

Date of Burial, January 5th 1882

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address* 457 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible], and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

Board of Health, City of Baltimore,

Permit No. 53889 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Frank Bealmear Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 yrs & 6 Mo.

Place of Death, {Give street and number.} 48 N. Calhoun St.

Cause of death, First, (Primary,) /

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 4/82

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 57 Park Ave.

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53890 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Carr

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the werd not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 38 Black alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 4

Undertaker, H Ross

Place of Business, 15 Conway St

R. N. Hall, M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53891 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pendleton Gillis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 170 West

Cause of death, First, (Primary,) Erysipelas

Second, (Immediate,) Congestion of brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jany 5th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 212 Light St.

R. Ogle Ellis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53892

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Albers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 141 Canton Avenue

Cause of Death, First, (Primary.) 3 R.R Accident

Second, (Immediate.) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's

Date of Burial, Jan 4th

Undertaker, W. Leppel

Place of Business, 1 Bond st

Chas. M. Wooff M.D.,
Corner E & Medical Attendant.

Address, 67 E Bute St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53893 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Schaeffer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and Number.} 107 Lemmon St

Cause of Death, First, (Primary,) 7d ~~Natural~~ Don't know, 7th mon

Second, (Immediate,)

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, Jan. 5' 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

James Bosley M. D.,
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53894 *Office of Registrar of Vital Statistics.* Ward 8?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Eugene Waylon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 13 Constitution St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 34 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 4 1882

Undertaker, James O Byrne

Place of Business, No 63 N Front St

J. B. Thos. *M. D.,*

Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33895 *Office of Registrar of Vital Statistics.* Ward 16 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias H. Johnson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black.

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 241 S. Eutaw St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lorraine

Date of Burial, Jan 5

Undertaker,

Place of Business, 152 Dolphin

L. H. L. Gall M. D.,
Medical Attendant.

Address, 89 Ridgely St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53896 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 - 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Gorman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 76 *Years,* \ *Months,* \ *Days.*

Color, White -

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and Number.} City - Hospital

Cause of Death, First, (Primary,) Senility -

Second, (Immediate,) Old Causation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, January 3

Undertaker, Patrick Mullin

Place of Business,

T. J. Lucian M. D.,
Medical Attendant.

Address, City - Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53897 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2d 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, few hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 4. 1892

Undertaker, Geo Sheehan

Place of Business, 157 Division St.

Thanbury Brewer M. D.,
Medical Attendant.

Address, 68 N° Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53898 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R Hunter Johnston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mercht

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 15 Yrs

Place of Death, {Give street and number.} 157 Eutaw St

Cause of death, First, (Primary.)

Second, (Immediate,) Chronic Pneumonia with Carcinoma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Jany 5th 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,*

D. S. H. Smith M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53899 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, August William Burkhardt

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jan. 4th 82.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Candymaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. E. corner Fremont & Franklin St.

Cause of death, First, (Primary,) Heart Disease

Second, (Immediate,) D. of Sy.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan. 5th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St *Address,* cor Mulberry & Pine sts

Louis Carlson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53900

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} York Penna

Duration of Residence in the City of Baltimore, about 2 months

Place of Death, {Give street and number.} 54 York St

Cause of Death, First, (Primary.) Intermittent Fever —
Second, (Immediate.) Congestive " "

Duration of Last Sickness, 5 or 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Jan 4/81

Undertaker, Fredk A Kirchner

Place of Business, 50 S. Carrollton Ave.

Sol Beel M.D.,
Medical Attendant.
Coroner 2d Dist.
Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelia Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* 5 *Months,* *Days.*

Color, Cotton *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and number.} 28 Duncan St

Cause of Death, First (Primary,) broch

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Samuel cemetery.

Date of Burial, Jan 4th 1882

Undertaker, J & Gordon

Place of Business, 63 Park Ave.

G Z Adams *M. D.*

Medical Attendant.

Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53902 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 4. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Little,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 4 S. Exeter St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 5th 1882

J. W. Hinck M.D.,
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 75 E. Balt. St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53903

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 4/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. McClellan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 141 S. Eden St.

Cause of Death; First, (Primary.) Membranous croup

Second, (Immediate.)

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, Jan 6th 1882

Undertaker, Henry W. Mears

Place of Business, 45 W. Fayette *Address,* 117 S. Broadway

R. W. Mansfield *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53904

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2d. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Paul. Stark

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 192 Vine St.

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) " "

Duration of last Sickness, About 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, Jany 4 1882

Undertaker, G. W. Chase

Place of Business, 198 Howard St

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53905 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Frisby (Mother)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 3. King St Ct (Colored Entrance Place)

Cause of Death, First, (Primary,)

Second, (Immediate,) Incanition

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial W. Pub Cemetery

Date of Burial, Jan 4th 1882

Undertaker, F. A. Kirchner } James H. Slemons M. D., Medical Attendant

Place of Business, } *Address,* Comm of Health Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Exam'd E. E. Dunlop

Board of Health, City of Baltimore,

Permit No. 53906 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Green

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 36 *Years,* — *Months,* — *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } W. India Island

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and Number. } 38 Peach alley

Cause of Death, First, (Primary,) Dyspepsia

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Shars St. Cemet

Date of Burial, Jan 5th 1882

Undertaker, Hercules Ross

Place of Business, Conway St

John A Clem M. D.,
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. E. Durding

[OVER.]

Board of Health, City of Baltimore, —— 19

Permit No. 53907. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2 " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H & Susan Jones Parents

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 1/12 *Days.*

Color, Colc

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 44 Carlton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial W. Pub" Cemy

Date of Burial. Jan 4th " 1882

Undertaker, F. C. A. Keechner

Place of Business, 44 Carlton St *Address,* Comm of Health Baltimore

Jno H Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by R. E. Durding [OVER.]

Board of Health, City of Baltimore,

Permit No. 53908 *Office of Registrar of Vital Statistics.* Ward 1—c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3 " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Kuth

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 36 yrs

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and Number.} 335 - Canton ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus

Date of Burial, Jan 5" 1882 Hunt & Clem M.D.,

Medical Attendant.

Undertaker, W. Hranes

Place of Business, Canton ave *Address,* Comm of Health H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by. Geo E Hartzell

Board of Health, City of Baltimore,

Permit No. 53909 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Cecelia Nagle

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 24 Cooksie St.

Cause of death, First, (Primary,) Dyphtera

Second, (Immediate,) Shaglahon

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Jan 6th 1882

Undertaker, B. Hanlon

Place of Business, 82 Pratt St

E. W. Janney M. D.,
Medical Attendant.

Address, 260 E. Balto St

Jan 3d 1882

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53910 *Office of Registrar of Vital Statistics.* Ward 20—

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Coulan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy two *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 116 Mosher St

Cause of Death, First, (Primary.) Bronchial Asthma

Second, (Immediate.)

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, Jan 5th 1882

Undertaker, Joseph F. Byrne

Place of Business, 59 N Liberty

Elias C Price M.D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ged Henry Carr

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Whitecoat St

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Prince Georges Co Md

Date of Burial, Jan 6th 1882

{~~Undertaker~~, Henry Carr (Father)

{*Place of Business,* 3 Whitecoat St

.....*M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2478 Transit

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5391/2 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~180 Plum Alley~~

Place of Death, {Give street and number.} 182 Plum Alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mark's Cemetery

Date of Burial, Jan 4th 82

Undertaker, G W Perkins & Co

Place of Business, 130 Hanover St *Address,* 206 Sharp St.

C W S Boyle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Kernan.

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female.

Age, 37 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 67 Mosher St

Cause of Death, {First (Primary,) Hypertrophy of Heart. Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jany 5th 1882

Undertaker, W. E. Dunnouth

Place of Business, 336 Penna ave City

W. E. Weyand M.D.
Medical Attendant.

Address, 343 Penna ave City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53914 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Band

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* 7 *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Dallas Street near

Cause of death, First, (Primary,) Peritonitis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jan 5 1881

Undertaker, J. Leo & Son

Place of Business, 78 Hanover St

Wm. L. Reese M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53915

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Colbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number.} 85 Orchard St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5 82

Undertaker, Ab Henaly

Place of Business, 116 Orchard St

W M Shuman *M.D.,*
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53916 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday 3rd Jany

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 31 N. Spring St

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Vincent Cemetery

Date of Burial, January 5 82

Undertaker, Mc Kenrick

Place of Business, 116 N. Howard St

J. J. Gaston *M. D.,*
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Hawkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 9 *Months,* ... *Days.*

Color, Copper *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 280 Division St

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Cemetery

Date of Burial, Jan 5 82

Undertaker, Abt Hennelly

Place of Business, 116 Orchard St

H. Adams M. D.
Medical Attendant.

Address 215 Orchard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 33918 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elaine A Ford

Sex, ~~Male~~ — *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Marys County Maryland

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, {Give street and Number.} 67 McCulloh

Cause of Death, First, (Primary,) Obstruction of bowells

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Weeks 3 days

All the above information should be furnished by the Physician.

Place of Burial St. Marys Co. Md.

Date of Burial, 6th January 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 317 Madeson Ave

Dr Corey Stimes M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2479 Barnett

[over.]

Board of Health, City of Baltimore,

Permit No. 53919

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Yaeger

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. } Male

Age, 3 *Years,* 8 *Months,* — *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. } S

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 27 Wyeth st

Cause of Death, First, (Primary.) Scalded

Second, (Immediate.) Collapse

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Jan 6th 1882

O. L. Baldenhofer *M.D.,*

Medical Attendant.

{ *Undertaker,* Dietrick Wiegand

{ *Place of Business,* 166 Druid Hill Ave *Address,* 166 S. Paca st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgetta Offenderffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years.* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 702 W Lexington St

Cause of Death, First (Primary,) Malignant Diptheria

Second (Immediate,) Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, "West-Minster" Cem: cor Fayette & Pine

Date of Burial, Jany 5/82

Undertaker, Danniz & Mitchell *Address*

Place of Business, Fayette & Canalle

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53921 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 3 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Wightman Smith

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 9 *Years,* 6 *Months,* 21 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 61 Lee

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge [illegible]

Date of Burial, Jan 5th 1882

Undertaker, Armstrong [illegible]

Place of Business, 243 Light St

D Tilden M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2480 Name [OVER.]

Board of Health, City of Baltimore.

Permit No. 53922 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles B. Bremner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Bar tender

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 17 Dover

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 5th

Undertaker, E. N. Trail

Place of Business, 131 Hanover St, *Address,* 299 Eutaw St.

Thos E Donnelly M. D., Medical Attendant.

1882

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius J. Harrigan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Priest

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Boston Mass

Date of Burial, Jan 7 1882

I. H. Butler M. D.
Medical Attendant.

Undertaker, Jas O'Byrne

Place of Business, 6 E. Fayette

Address 144 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

2481 Fayette

Board of Health, City of Baltimore,

Permit No. 53924 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph G. Hokamp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* 29 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Yrs

Place of Death, {Give street and number.} Nr 226 S. Eutaw St.

Cause of death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, Nine (9) hours

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, Jan. 5th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. L. Speer M. D.
Medical Attendant.

Address, 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53925 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 6 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate E Spriggs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Pelvic Cellulitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 8 Days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 5th 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto. St.

A. West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 53926 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Robinson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} F

Age, 18 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} V

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Burn

Second, (Immediate,) Asthenia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jany 5th 1882

Undertaker, Wm H Bishop & Co

Place of Business, 97 West Hill ave

C. F. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 3rd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie J. Baker

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 20 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 46 E. Biddle St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cemetery

Date of Burial, Jan. 6th 1882

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 342 N. Broadway

J. A. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 33928 *Office of Registrar of Vital Statistics.* Ward 2, 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Axel Eglund Dickson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 4 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Brooklyn

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 213 So. Wolfe St.

Cause of death, First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemy

Date of Burial, Jan 5th 1882

Undertaker, P. Mullin

Place of Business,

C. G. Cullen M. D., Medical Attendant.

Address, 51 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1882 11.50 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James McFarland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widowed or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Birth place unknown

Duration of Residence in the City of Baltimore, 20 hours

Place of Death, {Give street and number.} Balto. City Jail.

Cause of Death, First (Primary,) Pluritis Traumatic

Second (Immediate,) Hemorrhage internal Suspected

Duration of Last Sickness, Committed Sick.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemety

Date of Burial, Jan 5th 1882

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, P. Mullin

Place of Business,

Address 287 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 53938

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 6 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel H. Brooks.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days.*

Color, Col —

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frect - City - Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 8 Ohio Av

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) " "

Duration of Last Sickness, Unknown —

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemty

Date of Burial, Jan 5th 1882

Undertaker, F. A. Kershner

Place of Business, —

Dr. J. Bell M.D.,
Medical Attendant
Coroner & Dep
Address, 161 E Shamp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53931 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos" Mason

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, Ca

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} #30 Pearl

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, Jan 5 - 1881

Undertaker, Geo W Perkins

Place of Business,

John A Ellis M.D.,

~~Medical Examiner.~~

Address, Commissioner of Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Ex by Jno E Dulaney

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Phelan

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 10 weeks ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } N.W. cor Mount & Secondn

Cause of Death, { First, (Primary,) Capillary Catarrh

{ Second, (Immediate,)

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, January 5th 1882

A. A. Lesh M. D.
Medical Attendant.

Undertaker, Deuey & Mitchell

Place of Business, 522 N Fayette *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53933 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Simms

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, [redacted] Housemaid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 40 Hillman Street

Cause of Death, First (Primary,) Phthesis Pulmonalis.

Second (Immediate.)

Duration of Last Sickness, About 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Jan 5th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount av

Lotus H. Coman
244 E Pratt Street M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 53934

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Cole

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Sip *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Chestnut st

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5th 1882

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga st

E & C Baldwin M.D.,
Medical Attendant.

Address, 124 N Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th Rottering

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conradine ~~Rottering~~

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 72 *Years,* 10 *Months,* 25 *Days.*

Color,

~~Married~~, *Single, Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 68 Camden St E

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Senility

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 6th

Undertaker, W. N. Ford

Place of Business, 631 Hanover St

L. Pittman M. D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53936 *Office of Registrar of Vital Statistics.* Ward 17 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *fully and accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Jan. 5th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Burton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time ✓

Place of Death, {Give street and number.} # 1 West Alley.

Cause of death, First, (Primary,) Pneumonia with Nasal Diphtheria,

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, [redacted]

Undertaker, Adam Fink

Place of Business, 461 N. Gay St *Address,*

Wilmer Brinton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate when fully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Satterfield

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 4 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent Co Md

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give street and number.} 68 Hanover

Cause of Death, {First (Primary,) —

Second (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Kent Co

Date of Burial, Jan 7th 1882

Thos Ordo *M. D.*
Medical Attendant.

Undertaker, Amos Denn

Place of Business, 263 Light

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2482 Transcript

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33938 *Office of Registrar of Vital Statistics.* Ward 7 2/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1882 Mothers name Mary Hamilton

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fathers name W. B. Hamilton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~See below.~~ ~~Years,~~ ~~Months,~~ 2 ~~Days.~~

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 201 N Bond St.

Cause of death, First, (Primary,) Want of Sufficient development a 6½ months foetus.

Second, (Immediate,)

Duration of Last Sickness, Breathed 48 hours

All the above information should be furnished by the Physician.

Place of Burial, J. Capps Private buried Ground Balto County.

Date of Burial, Jan – 6th 1882

Undertaker, J. Capps

Place of Business, 148 Orleans st

Wm. Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53939

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jany 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Meyers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, two *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 388 West 8t

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 388 West 8t

Cause of Death, First, (Primary.) Diptheria with Congestion of Lungs

Second, (Immediate.)

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 7th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Crosby

Th. F. Owens M.D.,
Medical Attendant.

Address, No 57 N. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. M. Irwin

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, 3 *Years,* 6 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 152 Aisquith St

Cause of Death { First, (Primary,) Malignant Diphtheria
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 7. 1882

H. T. Reynolds M. D.
Medical Attendant.

Undertaker, John W Jackson

Place of Business, Cor Oliver & Fay *Address,* 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53941 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Guesler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* — *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, school girl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 16 N Central Avenue

Cause of death, First, (Primary,) Cholera Morbus

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan. 8 the 1882

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. J Ridgway Andre M. D., Medical Attendant.

Address, 121 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53942 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Carry Suelstrad

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 3 weeks *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 314 Mulberry St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 8th

Undertaker, Wm Black

Place of Business,

Louis C. B. Horn M. D.,
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 2943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casey Pumphrey

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

~~*Color,*~~ W *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 George st

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Washington DC

Date of Burial, Jan" 6 - 1882

Undertaker, C. H. Blizzard

Place of Business,

William Lee M. D.
Medical Attendant.

Address Eutaw & Hoffman Sts
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans. = 2483

Board of Health, City of Baltimore.

Permit No. 83.944 *Office of Registrar of Vital Statistics.* , Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Hare St. Canton

Cause of death, First, (Primary,) Hip joint disease

Second, (Immediate,) asthenia

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 7 1882

Undertaker, Henry Sweeten

Place of Business, 252 Canton Ave

Jno. S. Lynch M. D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Carman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~29~~ 28. *Years,* 10. *Months,* ~~26~~ 26 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 439 Cross St

Cause of Death, First (Primary,) .....

Second (Immediate,) Diabetes

Duration of Last Sickness, 6. Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jany 8th 1882

Theodore Cary M. D.
Medical Attendant.

Undertaker, John Stacker

Place of Business, Paca & Camden Sts

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53946

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Ruley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 122 Mulliken pl

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 8th/82

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynn

D W Cathell M.D.,
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Dorsan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 to 30 *Years,* *Months,* *Days.*

Color, Negro *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 15 Jenkins Alley

Cause of Death, {First (Primary,) Pulmonary Phthisis / Second (Immediate.)

Duration of Last Sickness, Don't Know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8th 1882

Undertaker, Sam'l W. Chase

Place of Business, No. 178. S. Howard St.

P H Reich *M. D.*
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 33948 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Ridgely

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Near 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, General worn

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Near 40 years

Place of Death, {Give street and number.} 154 S. Eutaw St

Cause of death, First, (Primary,)

Second, (Immediate,) General Dropsy

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan 6th 1882

Undertaker, Chas. J. Hill

Place of Business, Howard & Hill

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Stella Preston

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give street and number} Rear of Maryland White Lead Factory

Cause of Death {First, (Primary,) / Second, (Immediate,)} Puerperal fever

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Barney Pere Cemetry

Date of Burial, Dec 7 Jan.

Robert S. Lowe M. D.
Medical Attendant.

Undertaker, B. Heule

Place of Business, No 82 West st. *Address,* 328 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

KELLY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53950 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5 - 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Stenner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 20 Liberty alley

Cause of Death, First, (Primary,) Cold.

Second, (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cem

Date of Burial, Jan 6 - 1881

Undertaker, Patrick Mullen

Place of Business, ———

James A Steele M. D.,

Medical Attendant.

Address, Commissioner of Health

Ex Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, color and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5395 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas L Glen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Gas Inspector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 146 Division St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 27th 1882

Undertaker, Henry W. Mears

Place of Business, 115 N. Gay St

Wm Whitridge M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 13952 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6 — 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Tuckey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, — *Years,* — *Months,* 2 *Days.*

Color, —

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 262 E Madison St

Cause of death, First, (Primary,) Imperfect closure of foramen ovale & heart

Second, (Immediate,) Carbonic acid toxemia

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 7: 1881

Undertaker, John W Jackson

Place of Business, Cor Cordner & Gay

C. C. McDowell M. D.,
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53953 *Office of Registrar of Vital Statistics.* Ward 5 11 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Reilly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland many years

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} 114 n High St

Cause of death, First, (Primary,) Intemperance

Second, (Immediate,) Asphyxia / went to bed with gas turned on

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Jan 7th 1882

Undertaker, Jas P Byrne

Place of Business, 68 Fremont

Edward [illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53954 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno McAdams

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* × *Months,* × *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } City Hospital ✓

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 9th 1882

Undertaker, Lurt Bros

Place of Business, 63 Fremont

H J Lacian M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 53955

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1882

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. H. Barrett

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 118 E. Monument St

Cause of Death {First, (Primary,)} {Second, (Immediate,)} Bronchitis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 7th

Undertaker, H C Wiedefeld

Place of Business, 36 Greenmount Av

Silas N Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 33956

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 189 Lexington St

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Unknown

Duration of Last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 7th 1882

Undertaker, John L Marcher

Place of Business, No 150 Canton

A. McColgan M.D.,
Medical Attendant.

Address, 343 Washington Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53957 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Leonhauser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and Number.} 845 N Lombard st

Cause of Death, First, (Primary,) Accident Fell down stairs

Second, (Immediate,)

Duration of Last Sickness, 4 hours

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, January 10/82

Undertaker, P. P. Paulus

Place of Business, 66 Frederick ave

James N Bosley M. D., Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53958 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reges

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 1 *Months,* 0 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty-Six years.

Place of Death, {Give street and number.} # 810 Shakspeare St.

Cause of death, First, (Primary,) Asthma complicated by

Second, (Immediate,) Bronchitis

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Private Cemetery

Date of Burial, Jan 9th 1882 P.

Undertaker, John C. Schultz

Place of Business, 265 Mice Anna St. *Address,* # 243 Alice Anna St.

John H. Rehbergen M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53959

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 7 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Fritschner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} N. 211 S. Eutaw St.

Cause of Death, First, (Primary.) Bright's Kidney Disease

Second, (Immediate.) the same

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Western~~ Baltimore Cemetery

Date of Burial, January 8 [illegible]

Undertaker, Henry Priesler

Place of Business, Henrietta 81 81

Kenn Salyer M.D.,
Medical Attendant.

Address, 163 W Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53960 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and before, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Bunn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 257 Eutaw St.

Cause of death, First, (Primary,) Typhoid fever

Second, (Immediate,) asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 7th

Undertaker, Geo H Golding & Co

Place of Business, 130 Henrietta St *Address,* 206 Sharp St

W S Bond M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53961 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Hips

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} # 214 E. Durham St.

Cause of death, First, (Primary,) Scrofula followed by Internal

Second, (Immediate,) Convulsions

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, January 8. 1882

Undertaker, Henry Sander } John H. Lehbergen M. D.,

Place of Business, 82 Canton Av. } *Address,* # 243 Alice Anna St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McNeal

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 240 E. Fayette St

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Peritonitis following removal of

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 8th 1882

Undertaker, Thos J Murphy

Place of Business, 411 E Balto

Chas. D. Fulton M. D.
Medical Attendant.

Address, 306 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

Permit No. 53963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Dannettel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* 10 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Rosemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 48 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 172 S. Sharp St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of last Sickness, 2 months 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Jan 8th 1881

Undertaker, C. F. Krause

Place of Business,

Wm Lembel M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUGLER & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53964 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry N. Harper

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age Seven (11) *Years,* Ten (10) *Months,* Six (6) *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 139 Eleventh

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Pyaemia

Duration of Last Sickness, Nine (9) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 8th 1882

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 461 N. Gay St.

C. Woodhull M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53965

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Rigl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Grocer man

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} S. W. Central Ave & Chas el

Cause of Death, First, (Primary.) Senile Gangrene

Second, (Immediate.)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cemetery

Date of Burial, Jan. 9th 1882

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

M. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. John el

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53966 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Janda

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Eight months

Place of Death, {Give street and number.} # 286 Canton av

Cause of death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Jan 8th 1882

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

John H. Rehberger M. D.,
Medical Attendant.

Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53967 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 6 92

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Burtnett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number.} 7 Poultney st

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Apnoea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ameta

Date of Burial, January 8th

Undertaker, A. Hank

Place of Business, N. 82 Watch

W. H. P. Ellis M. D.,
Medical Attendant.

Address, 212 Fighter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, exeept in cases of births and deaths of illegitimate children. [OVER.]

No. 53760

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 53968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie Michael

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. C

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 238 Hanover st

Cause of Death { First, (Primary,) Diphtheria

{ Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bl Cemetery

Date of Burial, Jan 7 82

Undertaker, Geo Boyd

Place of Business, 1 [illegible]

Harvey Gill M. D.
Medical Attendant.

Address, 119 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53969 — *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Gallen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 123 Parkin St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) from (4) days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan 7 1882

Undertaker, Wm Cadogan

Place of Business, 227 Mulberry St

H. L. Duncan M. D.,
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53970 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6-1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Raley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 3 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 145 William St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cem

Date of Burial, Jan 7-1881

Undertaker, Louisa Kurtz

Place of Business, ...

James A Steuart M. D.,

~~Medical Attendant.~~

Address, Commissioner of Health and Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

of 67 Eutaw St. Funding

The Special Attention of Physicians is respectfully invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 53971

HEALTH DEPARTMENT 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery of Child's Hospital

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 2

C. F. Bryan M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 Penn *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53972 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan. 8 1882

Undertaker, M. France

Place of Business, 280 Conston Ave

M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. N. 973

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 85 2.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Stickline

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Barber

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Once be Th-

Place of Death, { Give street and number. } Cor Strikes & Aisquith -

Cause of Death, First, (Primary.) Phthisis Pulmonalis —

Second, (Immediate.)

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 8th 82

Undertaker, M. Stance

Place of Business, 260 Canton Ave

E J K. Cain M.D.,

Medical Attendant.

Address, 532 E Eighth St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53974 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johana Henrietta Shear

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* 13 *Days.*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Upper Bmore St

Place of Death, {Give street and Number.} 398 Aliceanna (or Caroline)

Cause of Death, First, (Primary,) Diphtheria malignant

Second, (Immediate,) Paralysis cordis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jany 8 1882

Undertaker, M A Daiss

Place of Business, 14 S Bond *Address,* 245 S Bethune

J Shirley M. D., Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

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Board of Health, City of Baltimore,

Permit No. 53975

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Reardon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} 22 Woodyear Ct

Cause of Death, First (Primary,) ; Second (Immediate,) Diphtheria

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 7th 1882

Undertaker, P. Timmerd

Place of Business, 317 Mulberry St.

[illegible] M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53976 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [redacted] Jany 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Quinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, 29 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 24 N. Stockholm

Cause of death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 4 Mos

All the above information should be furnished by the Physician.

Place of Burial, Shaws C. Cemetery

Date of Burial, January 4

Undertaker, H. Ross

Place of Business, 95 Conway St

Jno D. Blake M. D., Medical Attendant.

Address, 116 S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 53977 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman William Kumbehn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 378 Orleans st.

Cause of death, First, (Primary,) Jaundice

Second, (Immediate,)

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 8 1882

Undertaker, John Hearn

Place of Business, 349 Orleans *Address,* 362 E. Baltimore st.

C. Hollenberg, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Klepp

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* 5 *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number} 63 E. Hayetta St

Cause of Death, First, (Primary.) Hypertrophy of Heart

Second, (Immediate,) Aortic Stenosis

Duration of last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 8 1882

E. W. Lilienthal M. D.
Medical Attendant.

Undertaker, John Mahoney

Place of Business, 352 Orleans St. *Address,* 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53979

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Edward Sellers

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, Three *Years,* Four *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 124 Caulton St

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 7. 1882

Undertaker, William A Duggee

Place of Business, 62 East St

J. E. Stinson M.D.,

Medical Attendant.

Address, 41 N Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Wills

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number} Home Aged M.E. Church Cor Fulton & Franklin

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, Protracted

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 8th 1882

Undertaker, John S Mackey

Place of Business, No 150 Camden St

D. R. Miller M. D.
Medical Attendant.

Address, 934 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53981 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Clifton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} House of The Good Shepherd

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Butler's

Date of Burial, Jan 7th 1882

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave. *Address,* 283 W. Lombard

Edwd. F. Nicholas M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53982 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 3d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Straup

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Not Known

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Peritonitis Chronic

Second, (Immediate,) Pyaemia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Public Lot

Date of Burial, January 7/82

Undertaker, Fred A Keschner

Place of Business, 450 S. Carroll to Fred A Keschner

West M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53983 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Aileen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City always

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate.) cachexia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial Western Public Cemetery.

Date of Burial, January 7/82

Undertaker, Fred'k A Kirchner

Place of Business, 50 S Carroll Ave

J. WEST M. D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 53984 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Pausch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four (4) *Years,* — *Months,* — *Days.*

Color, Cricit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 106 Point Lane

Cause of death, First, (Primary,) Scarlatina

Second, (Immediate,) Uremia

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan 8, 1881 C. E. Elmer M. D.,

Undertaker, Wm. H. Hickman Medical Attendant.

Place of Business, 234 N. Gay St *Address,* 106 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53985 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. Dougherty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Can Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give street and Number.} 180 S. Washington St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Jan 9 1882

Undertaker, W. Clarke & Sons

Place of Business, #64 E. Balto. St

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3986 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~January~~ Oct. 1881; 9:30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony John Snyder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 10 St. Peters street,

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 10 St. Peters St.

Cause of death, First, (Primary,) Infantile Catarrh

Second, (Immediate,) —

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 8 - 1882

Undertaker, B Hauer

Place of Business, —

Wm H Ederdice M. D.,
Medical Attendant.

Address, N.E. Cor Columbia Ave & Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Shirell

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* – *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 22 Walnut ad

Duration of Residence in the City of Baltimore, 22 Walnut ad

Place of Death, {Give street and number} I did not see it until dead

Cause of Death { First, (Primary,) Spasms - (the midwife says)
Second, (Immediate,) one day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jany 6th 1882

Undertaker, Wm H. Bishop Jr.

Place of Business, #97 Druid Hill Ave

R. Winslow M. D.
Medical Attendant.

Address, 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 5. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 53988

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days.*

Color, b

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Sailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 58 Shelderake Near Union Elevator

Cause of Death, First, (Primary.) 2 Fracture of Skull & face (Contusion)

Second, (Immediate.) 2 Murdered —

Duration of Last Sickness, — Sudden Death Supposed

All the above information should be furnished by the Physician.

Place of Burial, Hoover & Graves

Date of Burial, January 7 1882

Chas H Mohr M.D.,

Medical Attendant.

{*Undertaker,* John Hennessy

{*Place of Business,* 882 Orleans St *Address,* Aurora E.D. Co. Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 33989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Ehlers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 12 Years

Place of Death, {Give street and number.} No 60 N Durham St acc dentally

Cause of Death, First, (Primary.) 3 Injuries from a pile of Lumber

Second, (Immediate.) 3 Failure of Spine Supp Co Paralysis at Patapsco

Duration of Last Sickness, abt 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Cornet Cemetery

Date of Burial, January 8th 1882

Undertaker, Julius Haack.

Place of Business, 240 S. Bond St. *Address,* 67 & 69 Balto St

Chas Mohr M.D.,
Corner D Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53990 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Bothe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male.

Age, 46 *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Cigar Maker.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, About 30 Years.

Place of Death, { Give street and number. } 17 Butlers Alley.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemetry

Date of Burial, Jan. 8th 1882.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

L. Sr. L. Hall M. D.,
Medical Attendant.

Address, 64 Ridgely St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53991 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Stanley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Winchester Va.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 10 Peach alley

Cause of death, First, (Primary,) Acute Peritonitis

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 8 January 1882

Undertaker, Jacob Davis

Place of Business, No 103 Cee St

R. McHaller M. D.,

Medical Attendant

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 53992

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 7 2 1882 BALTIMORE

Date of Death, Jan 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wise

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 2 Pine St

Cause of Death, First, (Primary.) Cerebral Apoplexy

Second, (Immediate.) Paralysis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8 1881

Undertaker, C. H. Chase

Place of Business, 108 Lanvale St

H H Hartman M.D.,
Medical Attendant.

Address, [redacted] Fountain

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

rmit No. 33993 *Office of Registrar of Vital Statistics.* Ward 13 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

ate of Death, Jan. 5th 1882

ull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Denis Johnson

ex, Male or ~~Female~~, {Cross out the word not required in this line.}

ge, Seventy Six Years, ——— Months, ——— Days.

olor, Black

arried, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

ccupation, Laborer

irthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

uration of Residence in the City of Baltimore, Fifty Years

lace of Death, {Give street and number.} No. 156 Sarah an St.

ause of death, First, (Primary,) Fatty heart.

Second, (Immediate,) Dropsey

uration of Last Sickness, Three months

All the above information should be furnished by the Physician.

lace of Burial, Laurel.

ate of Burial, Jan 8 1882

Undertaker, S McClouse

Place of Business, Laurel

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 E. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[illegible], City of Baltimore,

Permit No. 53994 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Alexander Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer (Custom House)

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 Rayburg ot

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 7 1881

Undertaker, S Wilhase

Place of Business, 108 Howard St

Alexander Tinsley M.D.,
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...he Special Attention of Physicians to ... on Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 53995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Annie Augusta Rae

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 Arlington Avenue

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 8 th 1882 Mahlon Brewer M. D.
Medical Attendant.

Undertaker, Chas. T. Sensner

Place of Business, 271 N. Eutaw St. *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 53996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 6 1887 BALTIMORE

Date of Death, Jany 6th 87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel E. Coe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 151 Aisquith Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Acute Nephritis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park *Jan 8th 1887* J. Keller *M.D.,*

Date of Burial, Jan 8th 1887 Medical Attendant.

Undertaker, Chas. T. Scriver *Address,* 87 Monument St

Place of Business, 271 N Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53997 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter F Shaud

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59. *Years,* 10 *Months,* — *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, teamster

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 337 Cathedral

Cause of death, First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Middletown (Md)

Date of Burial, Jan 9th 1882

Undertaker, Chas F Lemmon for Geo Frey

Place of Business, 241 E Eutaw *Address,* 129 N. Biddle

G Lane Tannyhill M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of ~~births~~ and deaths of illegitimate children. [OVER.]

Trans = 2485

Board of Health, City of Baltimore,

Permit No. 53998

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan (2d) 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kelley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. W. Cor. Harford Ave & Johnsel

Cause of Death, First, (Primary.) Phthysis

Second, (Immediate.)

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 8th 1881

Undertaker, Wm H Hickman

Place of Business, 234 W. Gay St.

Wm. B. Billingslea M.D.,
Medical Attendant.

Address, 256 E. Johnsel

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 53999 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 7 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Bangs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ——— City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 708 Hanover St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate.) Diphtheritic Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Jan 8. 1882

Undertaker, Wm H. Hackman

Place of Business, 234 N. Gay St.

Jno A Blake M. D., Medical Attendant.

Address, 168 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 54000 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Beck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 67 S. Exeter St

Cause of Death, First, (Primary,) Acute meningitis

Second, (Immediate,) .....

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 9 the 1882

Undertaker, J. Rossiny

Place of Business, 196 E Baltimore *Address,* .....

A. D. Arnold M. D.
Medical Attendant.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Dist... on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 54001 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday 8 o'clock A.M. Jan 1st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Huber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* ..... *Months.* ..... *Days.*

Color, White

Married, ~~Single. Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Butcher, was Employed as laborer at the time he was hurt

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 443 Canton Ave

Cause of death, First, (Primary,) Chronic Abscess of the right lung
one the 28th ult he fell from a roof and produced compound comminu
Second, (Immediate,) ~~Empyema~~ Empyema
I fail to see any signs or symptom of Pneumonia

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, 4th of January.

Undertaker, Fred Gaede } J. E. Prichard M. D.,
Medical Attendant.

Place of Business, 1029 E. Baltimore St. *Address,* 28 E Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Keepers of Cemeteries in City of Baltimore will make returns of all ... 54002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 54002 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Armstrong

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* ... *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} 9 S Front St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, many 10 years

All the above information should be furnished by the Physician.

Place of Burial, B. V. Cemetery

Date of Burial, January 7

Undertaker, Patrick Mullin

Place of Business, ...

Edmund Rinaldi M. D.,
Medical Attendant.

Address, Corner Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Keepers of Cemeteries in City of Baltimore will make returns of all

54003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54003

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arminta Davis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Washerwoman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Sawn Hill Dorchester Co

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} N 13 Allens alley

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Loudenbentruge

Date of Burial, June 8 1882

Undertaker, Charles A White

Place of Business, 35 Granby st *Address,* 93 E Fath

Geo S Emmerson M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office w[illegible] day of each m[illegible] No. 54004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54004 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Shuler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Do not Know

Place of Death, {Give street and number.} No 2 Bruce St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Consumption

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Jan 8 1882

Undertaker, William N Dorsey

Place of Business, No 62 East Street

L C Smith M.D.,

Medical Attendant.

Address, 41 N Canal St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office [illegible] Saturday of each week.

No. 54005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice E. Howard

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9 Green Alley E

Cause of Death First, (Primary,) Scrofula

Second, (Immediate,) Bronchitis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 9 1882

Undertaker, S. W. Chase

Place of Business, 96 Howard St

J. Hanson Thrift M. D.
Medical Attendant.

Address, 119 E Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the C... who... each week.

The Special Attention of ... is Respectfully Invited to the Remarks Below, and ... Clauses on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57806 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 10 1882 BALTIMORE

Date of Death, January 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Frohlicher

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 3 h. Baltimore

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of Last Sickness, 4 Mo's

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cem.

Date of Burial, Jan. 9th

Undertaker, H. Dipel

Place of Business, 151 Bond St. *Address,* 145 S. Broadway

F. Stothert, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention { Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57007

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan, 7 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos J. Randall

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* 8 *Months,* 22 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } S. E. Cor Central Ave & McElderry St

Cause of Death, First, (Primary.) Typhoid Pneumonia Double

Second, (Immediate.)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 10th 1882

A L Gaither Shartzer M.D.,
Medical Attendant.

Undertaker, Thos S. Burke

Place of Business, 20 E Baltimore St *Address,* 11 S. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Keepers of Cemeteries in City of Baltimore will take returns of all Permits for Burials invited to the ... Law, and to ... Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 57008 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helene Wittmer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* 9 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not reqnired in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 212 N Eden St

Cause of death, First, (Primary,) Croupous Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 10th

Undertaker, Geo. Schilling

Place of Business,

A Aronsohn M. D.,
Medical Attendant.

Address, 145 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns ... 0...

Permit ... for Burial ... the Office ...

The Special Attention of Physicians is ... to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57009 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 8. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Francis Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 11 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 305 N. Central av.

Cause of Death, First, (Primary,) Catarrhal Fever

Second, (Immediate,) Effusion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 9th

Undertaker, Geo. Schilling

Place of Business, ... *Address,* 305 N. Carolina st

Geo A Hartman M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

6

No. 34010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37010 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kaler

Sex, Male or Female, { Cross out the word not required in this line. } Female,

Age, 51 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Housework

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, One year & Months

Place of Death, { Give street and number. } No 169 N. Bethel st

Cause of Death, { First, (Primary.) Cerebral Congestion of Liver

Second, (Immediate.)

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Jacobs Cemetery

Date of Burial, January 9 1882

Undertaker, John Hennessy

Place of Business, 382 Orleans st

Supplied M.D.,

Medical Attendant.

Address, 137 N Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office of Health, issued, Saturday of each week.

No. 54011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth A Conway

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } /

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Howard Co. Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number } 94 N Paca St

Cause of Death { First, (Primary,) Congestion of Lungs

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundle

Date of Burial, January 9th 1882

William Conway M. D.
Medical Attendant.

Undertaker, STEWART & MOORE UNDERTAKERS 36 Park Ave.

Place of Business,

Address, 121 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

20/. Permits for Burials to the Office where Issued Saturday of each No. 57012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57012

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JAN 1882 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Youngkill White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 5 *Months,* 16 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 1 Year 9 Months

Place of Death, {Give street and number.} 382 Myrtle Ave.

Cause of Death, First, (Primary.) Pyogenic Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, January 10th 1882

STUART & MOWEN, UNDERTAKERS, 38 Park Ave.

Undertaker,

Place of Business,

J. H. Chrisman *M.D.,*
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2486 Transcribed

Permits for Burials, to the Office whence issued, Saturday of each week 5 4013

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5 2 4 0 1 3 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Pape

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, colrd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Hanover~~ Ger 24 years in U.S.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 126 E Fayette Res Co Penalty & Exeter Sts

Cause of death, First, (Primary,) Suicide by

Second, (Immediate,) Morphine

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Tuesday 10 1882

Undertaker, J. J. Mearer & Co

Place of Business, 97 N. Fayette

Edmund R Walker M. D.,

~~Medical Attendant.~~

Address, Coroner in 8 D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keeper of Cemeteries in City of Baltimore will issue returns of all Permits for Burials at his Office whence issued. Attention respectfully Invited to Rules below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37014 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie N. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co, Md.,

Duration of Residence in the City of Baltimore, Nine (9) Years

Place of Death, {Give street and number.} No. 382 E. Chase St.

Cause of death, First, (Primary,) Puerperal Eclampsia

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Beltsville Prince George Co

Date of Burial, Jan 10th 1882

Undertaker, H Lewis Schaefer

Place of Business, 107 N Fremont *Address,* 222 N Broadway

Geo T Daylor M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether ~~married~~ or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

24 hours

No. 3,201 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3201 5 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 8, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugo Ochs

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, Nine months,

Place of Death, {Give street and Number.} 208 S. Bond St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Laryngeal diphtheria.

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. German Unitat Cemtry.

Date of Burial, Janr. 11th 1882

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann,

A. H. Esich M.D.
Medical Attendant.

Address, 94 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Keepers of Cemeteries in City of Baltimore will make returns of all 54016

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 54016 *Office of Registrar of Vital Statistics.* Ward 2 "7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 5th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Pike

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five Years, 7 Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B Co.

Duration of Residence in the City of Baltimore, Since birth V

Place of Death, {Give street and number.} 213 S Caroline

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, January 11th 1882

Undertaker, H. H. Gibbons

Place of Business, 1134 Eastern Av.

R. L. Willis M. D.,
Medical Attendant.

Address, 7 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

returns of all 3411

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 5407 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th. January 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabetha (Meyer) Meyer

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number.} S. Registerstreet 156

Cause of death, First, (Primary,) Phthisis Pulmonum et

Second, (Immediate,) Tabes mesenterica,

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 10th 1882

Undertaker, Henry Sander

Place of Business, 252 Canton ave

William Henke M. D., Medical Attendant

Address, S. Wolfe st. 114

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for D... to the Office whence issued Saturday of each week 37018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 37018

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mae Robb

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 yrs *Years,* *Months,* *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Chester Chester Co Pa

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 163 McCulloh St

Cause of Death, First, (Primary.) Brights Disease

Second, (Immediate.)

Duration of Last Sickness, abt six mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 11th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 143 N Charles St

E W Lucas *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for ... to the Office when issued, Saturday of each week ... 54019

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54019

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Ringold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 2 *Months,* 0 *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, one Yr + 2 months

Place of Death, {Give street and number.} No 1 Parish near Cooke

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Marasmus

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharsh et Cemetery

Date of Burial, Jan 9th 1882

Undertaker, Some N. Chase

Place of Business, 198 S. Howard st

T. F. Fisher M.D.,

Medical Attendant.

Address, Cor Druid Hill & Pine

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57020 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8 dy 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Hall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 75 Dawson alley

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 11th 1882

Undertaker, Wm. H. Chase

Place of Business, 195 S. Howard St.

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57021 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Frank

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1 Eutaw Court

Cause of death, { First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan 10th '82

Undertaker, Jn. Frank

Place of Business, No. 220 Pan Line *Address,*

..... *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials to the Office whence issued

No. 54022

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Holthaus

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 6 N. Durham St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate,) "

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 10th 82

E. P. Burns *M. D.*
Medical Attendant.

Undertaker, M. Trance

Place of Business, 280 Canton Ave

Address, 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office whence issued, Saturday of each week.

No. 34023

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 Jany 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 51 Hanbert St.

Cause of Death { First, (Primary,) Typhoid Fever / Second, (Immediate,) Asthenia

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va. | J. W. P. Bates M. D.

Date of Burial, Jan 9th 82 | Medical Attendant.

Undertaker, Mr. France

Place of Business, 280 Canton Ave | *Address,* 1½ S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2488 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54024 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 29 Dover St.

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Shorpe St Cemetery

Date of Burial, Jan 9 1882

Undertaker, William Lange

Place of Business, No 62 East Shore

W. S. Booze M. D., Medical Attendant.

Address, 206 Shore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54025

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Shan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 210 Chew St

Cause of Death, First, (Primary.)

Second, (Immediate.) Scarlet fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 10th

Undertaker, Geo. Schilling

Place of Business,

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 34026

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Henry~~ Thomas Strain

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 29 *Years,* 4 *Months,* 18 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore County Md

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number. } 210 Chew st

Cause of Death, First, (Primary.)

Second, (Immediate.) Scarlet fever

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 10th

Undertaker, Geo. Schilling

Place of Business,

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attentio… Permits for Burials, to the Office wherein resident, attending … s on back of this Certificate.

This Permit Must, in all Cases, Accompany the body to its Destination.

…e,

Permit No. 52402 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Caffrey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and Number.} 30 Willow St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 9th 1882

Undertaker, H. P. Byrne

Place of Business, Fourth St —

Silas N. Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians Is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52078 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan'y 7-1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie V Saudester

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years.* 4 *Months,* ——— *Days.*

Color, c a

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 2 mts

Place of Death, { Give street and Number. } 12 Devers Alley.

Cause of Death, First, (Primary,) Mal Nutrition (artificial)

Second, (Immediate.) Diarrhea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cem

Date of Burial, Jan'y 9-1881

Undertaker, Fred" A Kerchner

Place of Business, ——— *Address,* Commissioners of Health Gen Registrar

Jno A Ellis M. D., ~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32129 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Foley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } #13 Woodyear St

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial St. Peters Cem.

Date of Burial, Jan 9th 1882

Undertaker, M. Cadogan M. D.,

Place of Business, ... *Address,* Commissioner of Health and Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by John E. Tuding

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 571030

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7 d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} New Born Infant

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Louisa & Wm Buckley (Parents)

Age, —— *Years,* —— *Months,* 20 Minutes *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Infant

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 5-9 h Frederick Co

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 5-9 h Frederick Co

Cause of Death, First, (Primary.) Mother was alone & gave birth to twins & on

Second, (Immediate.) the floor when found was sent for & one died

Duration of Last Sickness, was smothered to death accidentally before help got there

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, January 9

Undertaker, Patrick Mullin

Place of Business,

A Siegheutzer M.D.,
Medical Attendant.

Address, 11 S. Hayet St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52031

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Jan, 8th 1882 (Zachocu)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 9 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Mecklenburg Schwerden 27 years in the United States Europe

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} S. W. Cor High & Granby Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Saw him first about 12 Oclk, died at 2 2 P.M.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Jany 10th 1882

Undertaker, Wm C Shumacher

Place of Business, 336 Penna ave

A Krepschenter M.D.,
Medical Attendant.

Address, 11 21st & High Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 54032 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Althea Rust

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 623 N. Lombard St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis Muscles of Neck & Throat

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 10 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

John Neff M. D.,
Medical Attendant.

Address, 707 Hamilton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54033 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Jefferson Shuler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 423 W. Lombard St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, Two (2) Years.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Jan. 11 1882

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St.

H. L. Shuler M. D.,
Medical Attendant.

Address, 35 } or Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52034 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Bokee Nicklas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 10 S. Carey St.

Cause of death, First, (Primary,) diphtheria

Second, (Immediate,)

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Jan. 11 1882

Undertaker, Jos. B. Cook

Place of Business, 707 W. Balto. St

John Neff M. D.,
Medical Attendant.

Address, 254 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52035

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Henry Murray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 21 N. Mount St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Md Balto Co.

Date of Burial, Jan. 10th 1882

Undertaker, J. B. Cook.

Place of Business, 707 W. Balto St *Address,* 582 N. Fayette St

G. H. McShane M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57036

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 8- 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1614 Mulberry st

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 10th 1882

Undertaker, Wm Wearer

Place of Business, 202 N Eutaw St.

Dr J. Howard *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52037

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleanor S. Watmough

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norfolk, Va.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 163 Lanvale St.

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 10th January 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St.

S. Le Chevr M. D.
Medical Attendant.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attendance of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57038 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of Last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 10. 1882

Undertaker, Geo. Sheehan

Place of Business, 156 Division St

Mahlon Brewer M. D.,
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52039 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wise.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give street and number.} 23 Belvidere Av.

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 11 1882

Undertaker, Matthew Cadogan

Place of Business 227 Mulberry St

R. J. N. Tall M. D.,
Medical Attendant.

Address, 152 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 574048 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 10. 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Eliz^th. Wright

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~~ *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country and how long in the United States, if of foreign birth. } Butte Md

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } * 146 N. Wolfe St

Cause of Death, First, (Primary,) Membranous croup

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Jan 11 1892

Undertaker, Henry Hoeck & Son

Place of Business, 309 N. Eutaw St. *Address,* * 305 N. Caroline St.

Geo. A. Vastine M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Helena Kaiser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 5 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 yrs 5 mos 11 days

Place of Death, {Give street and number.} 234 Hanover St Baltimore

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Jan 11th 1882

G. H. Adams M. D.
Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Sharp & Cross sts

Address 215 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 34042

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 574044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sudler ~~Dorsey~~ Snead

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, About 8 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give street and number } 56 Druid Hill Ave

Cause of Death, { First, (Primary,) General Dropsy
Second, (Immediate,) Two Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 10

Undertaker, H Ross

Place of Business, 94 Conway St

E. Ensling M. D.
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

CO. CITY [illegible] AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 5710/43

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Mrs Sayne

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} /

Age, — *Years,* — *Months,* 9 hours *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore /

Duration of Residence in the City of Baltimore, Lifetime /

Place of Death, {Give street and number.} 93 Poplar Alley

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate.) Epilepsy & Asphyxia

Duration of Last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Jany. 10th

Undertaker, M.t. Cook

Place of Business, W. Balt St

A. McCosh M.D.,

Medical Attendant.

Address, 343 Washington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52044 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Emmerich

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* 5 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundle Co. Md

Duration of Residence in the City of Baltimore, Nine years

Place of Death, {Give street and number.} 705 N Lombard St

Cause of death, First, (Primary,) Pelvic Cellulitis & Phthesis

Second, (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician

Place of Burial, Anne Arundle Co

Date of Burial, Jan 11th

Undertaker, Joseph F Lane

Place of Business, #654 W. Baltimore

J M Hamilton M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57/04/S *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pancratius Greif

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Mason

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany Bavaria

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number.} St Josephs Hospital

Cause of death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 11th 82

Undertaker, H. Frame

Place of Business, 280 Canton Ave. *Address,* [illegible] M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5740f6 *Office of Registrar of Vital Statistics.* Ward 18th

The Physicin who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882,

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) Child not named Father Thos Butler Mother Grace "

Sex, Male ~~or Female~~, (Cross out the word not required in this line.)

Age, ____ *Years,* ____ *Months,* 14 Hours *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, (Cross out the word not required in this line.)

Occupation,

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, (Give street and Number.) Fredk Ave & Mount St

Cause of Death, First, (Primary,) Premature Birth caused by Over work of mother

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet

Date of Burial, Jan 10th 1882

Undertaker, Thos M. Butler

Place of Business, Calvert & Fayette *Address,* 684 W Fayette St

[signature] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54047 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C Patterson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 7 *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, About 17 years.

Place of Death, {Give street and number.} 61 Plum Alley

Cause of Death, First, (Primary.) Asthma,

Second, (Immediate.) Angina Pectoris.

Duration of Last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 10th 82

Undertaker, Geo W Perkins

Place of Business, 130 Hanover

E. J. Bell M.D.,
~~Medical Attendant.~~ Coroner 2nd Dist

Address, 161 E Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

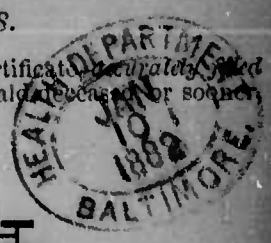
SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 57048

Office of Registrar of Vital Statistics.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Shultz.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White -

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Septime

Place of Death, {Give street and number.} 31 N. Lombard St

Cause of Death, First, (Primary.) Croup -

Second, (Immediate.)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 11 at 2 o'clock

Undertaker, H. Muller

Place of Business, 21 Canister St

J. W. Hauck M.D.,
Medical Attendant.

Address, 95 E Balt. St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57049 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9 " 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Jennings

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* ~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 83 Jackson st

Cause of Death, First, (Primary,) Spine Disease

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 11" 1882

Undertaker, Wm J Gray

Place of Business, 65 Mulberry *Address,* Comm'r of Health

Thos A Lewis M. D., Medical Attendant

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam'd B. D'g's

Special Attention of Physicians is respectfully invited to the ... this Certificate.

Board of Health, City of Baltimore,

Permit No. 57050 *Office of Registrar of Vital Statistics.* **Ward** 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilfred A Wallace

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~Boss~~ Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } Chamber of Commerce Building 40 & E Monument Res

Cause of death, First, (Primary,) Accidental

Second, (Immediate,) Fall

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 10th 1882

Undertaker, W. A. Daiger

Place of Business, 74 S. Broadway

Edwin J Walker M. D.,
~~Medical Attendant.~~

Address, Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Knight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanford Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} Lancaster St. Canton

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Jany 11th 1882 J. H. Martin *M. D.*
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 744 S. Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 27082 *Office of Registr[illegible] of Vital Statistics.* Ward 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice King

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* & 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 98 Fairmount Ave

Cause of death, First, (Primary,) Debilitas

Second, (Immediate,) & Convulsions

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Jany 11th 1881

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

G. Glanville Rusk M. D., Medical Attendant.

Address, Balto Mach. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 54053

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

Date of Death, 8th January 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Leo Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy one (71) *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prince George's County Md.

Duration of Residence in the City of Baltimore, Fifty yrs.

Place of Death, {Give street and number.} 89. Central av. Baltimore.

Cause of Death, First, (Primary.) Disease of the Heart.

Second, (Immediate.) Pericardial Effusion.

Duration of Last Sickness, Seven (7) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 11th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

W. Cranmer Bibbins M.D.,
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 674054

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, January 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charley Becker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 53 N. Gay st

Cause of Death, First, (Primary.) J. Thrush

Second, (Immediate.) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 11th 1882

Undertaker, Henry W. Means

Place of Business, 45 N Gay 20

O. L. Biddenbaker M.D.,
Medical Attendant.

Address, 166 S Paca st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodor Emanuel Mueller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* 9 *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 386 Light St.

Cause of Death, First (Primary,) Genitourinary

Second (Immediate,) Hydrop pericardii

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery *Rudolph Buehn,* M. D.

Date of Burial, 11 January Medical Attendant.

Undertaker, H. Briele.

Place of Business, 81 Henrietta st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 54056 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE.

HEALTH DEPARTMENT JAN 10 1882 BALTIMORE.

Date of Death, Jan. 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Virginia Sale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and Number.} 27 Shuter St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 10th 1882

Undertaker, Theodore J. Locke

Place of Business, 473 Jefferson St

Silas N. Hunstein M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54057 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gertrude Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number.} 39 Hanover

Cause of death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 11th 1902

Undertaker, J. M. Clarke & Son

Place of Business, 67 E Balto St

M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57058

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Flora Reiger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 153 N Caroline St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 11 1882

D W Cathell M.D.,
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Green St *Address,* 92 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Friedrich Thiemeyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* 4 *Months,* ____ *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} No 268 Mulberry St

Cause of Death { First, (Primary,) Pleurisy. / Second, (Immediate,) Empyema.

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Germin Lutheran Graveyard

Date of Burial, Jan: 11th 1882.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* 163 W. Lombard St.

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57060 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml. Bayne -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 24 *Days.*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25-8. S. Sharp. St.

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria 8 days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 11 1882

Undertaker, C. F. Krause

Place of Business 204 Howard *Address,* 152 Sharp, St.

R. J. H. Tall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 54061 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decd., or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Tully

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 612 west Pratt st

Cause of Death, First, (Primary.) Verdict Injuries received in falling down steps—

Second, (Immediate.) Concussion of the Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Jan. 11 1882

Undertaker, J. B. Cook.

Place of Business, 707 W Balto St.

Alexander Finley M.D.,

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37062 *Office of Registrar of Vital Statistics.* Ward 13 ½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susana Greiss

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single*~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and Number. } 173 Pierce St

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Jan 11th 1882

Undertaker, J. B. Cooke

Place of Business, 707 W Balto St

Thos A Hearn M. D.,
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam G. W. Dec 80 - S. D.

Board of Health, City of Baltimore,

Permit No. 34063 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Neumann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and Number.} 80 Aisquith

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial Fells Point Congregation Cemetery

Date of Burial, January 12th

Undertaker, R Hoffman

Place of Business, Eden & near Bway

L A Bruce M. D., Medical Attendant.

Address, 84 W Dauenberg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5770C4 *Office of Registrar of Vital Statistics.* **Ward** 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Kinderalter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Seven *Months,* Twenty Days *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia, Pa.

Duration of Residence in the City of Baltimore, Fifteen Months

Place of Death, {Give street and number.} Chapel St Monument St — S. E cor

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, Forty Eight Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 11 1882

Wm H Clendinen M. D.,
Medical Attendant.

Undertaker, John Henning

Place of Business, 382 Orleans St *Address,* W. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 12 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. V. Nilfong

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} St Marys St 116 1/2

Cause of Death, First (Primary,) Asthenia Fever.

Second (Immediate,) Paralysis of Brain

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral.

Date of Burial, January 11th 1882

A. G. Ridgely M. D.
Medical Attendant.

Undertaker, Chas T. Keirven *Address* 69 McCulloh St

Place of Business, 2718 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Wolf

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* One *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 60 Stiles St

Cause of Death { First, (Primary.) Erysipelas
Second, (Immediate,) Brain trouble

Duration of last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Trinity M. E. Cem.

Date of Burial, January 13th 1882 Francis N. Sauer *M. D.*
Medical Attendant.

Undertaker, Michael Lynch

Place of Business, No 35 Bank St. *Address,* 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57067

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Metz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia,

Duration of Residence in the City of Baltimore, 57 years —

Place of Death, {Give street and number.} 48½ Conway St

Cause of Death, First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.) " "

Duration of Last Sickness, Unknown —

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, Jan 12th Inst

D. A. Bell M.D.,
Medical Attendant.

Undertaker, J. T. Mather

Place of Business, 150 Camden St *Address,* 161 S. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57068

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Cliffe.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* 9 *Months,* 16 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 174 E. Pratt St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption.

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jany 12-82 Nicholas L. Dorsett *M.D.,*

Medical Attendant.

Undertaker, W. A. Daiger

Place of Business, 174 S B-y. *Address,* 207 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54069 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elezabeth E Poe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard County Maryland

Duration of Residence in the City of Baltimore, Since an infant.

Place of Death, {Give street and Number.} 162 N. Howard Street

Cause of Death, First, (Primary.) Phthisis. Complicated with albuminuria

Second, (Immediate.) Effusion on brain from the albuminuria

Duration of Last Sickness, For years - confined to house about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial London Park

Date of Burial, Jan 12th 1882

Undertaker, H. W. Jenkins & Son

Place of Business, 75 & 77 N. Charles St

H. Carey Thomas M. D.,
Medical Attendant.

Address, 317 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 54070

Board of Health, City of Baltimore,

Permit No. 54070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 10 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Moore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 15 — Yrs —

Place of Death, {Give street and number} 35 N Odell st

Cause of Death, First, (Primary,) Senile Gangrene

Second, (Immediate,) Asthenia

Duration of last Sickness, 23 ds.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem —

Date of Burial, Jan 11 1882

Undertaker, John L. Jones

Place of Business, 63 Pratt

D. Sheets M. D.
Medical Attendant.

Address, 143 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54071 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January ~~10~~ 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E Machette

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 246 N. Chappel St

Cause of death, First, (Primary,) Pneumonitis

Second, (Immediate,) Cerebral Effusion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Dr Road

Date of Burial, January 12th 1882

Undertaker, John Tabor

Place of Business, 161 E Pratt St

Geo F Gayler M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37072 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan V. James

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and Number.} 20 Vincent alley

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial W. Balto Cemetery

Date of Burial, Jan 11th 1882

Undertaker, F. A. Kerchner

Place of Business, S. Carroll ave

James A Steuart M.D., Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by L. V. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 67073 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10 " 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Smith

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 84 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 53 years

Place of Death, { Give street and Number. } 78 McKim St

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Senile decay

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cem

Date of Burial, Jan 12 " 1882 James A Clark M. D.,

{ *Undertaker,* Jos. F. Byrne / Medical Attendant.

{ *Place of Business,* N. Liberty St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Jos P. Smith

Board of Health, City of Baltimore,

Permit No. 57074 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 11 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Helmsteter

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 33 yrs

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 276 Eastern ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mount Carmel

Date of Burial, Jan 12th 1882

Undertaker, Wm Helmsteter

Place of Business, James A Steuart M. D., Medical Attendant

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam Gen Geo E. Taylor

...cial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This ...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany — 11 — 1882 —

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} L. G. Warner,

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} — Virginia —

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number} 129 Arlington Ave

Cause of Death { First, (Primary,) Pulmonary Congestion
Second, (Immediate,) Phisis — }

Duration of last Sickness, — 12 mos. —

All the above information should be furnished by the Physician.

Place of Burial, Accamac Co Va

Date of Burial, Jany 11 / 82

Wm. A. B. Dellman M. D.
Medical Attendant.

{ Undertaker, D Enno McMyler
{ Place of Business, 550 W Fayette St Address, 249 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2490 Transit

Board of Health, City of Baltimore,

Permit No. 54076

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Margaret Schmelz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — 34 — *Years,* — 9 — *Months,* — 8 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 yrs. about.

Place of Death, {Give street and number.} No. 25 N. Schroeder St.

Cause of Death,
First, (Primary.) Protracted & Obstructive Labor, due to Hydrocephalus of Child.
Second, (Immediate.) Exhaustion & Collapse

Duration of Last Sickness, 68 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13th 1882

Undertaker, Jos H Loch

Place of Business, No 707 W Baltimore St

Wm W. Murray M.D.,
Medical Attendant.

Address, 808 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52077 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Janith Munson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, R. R. Hand

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Lemur Off foot by cars while

Second, (Immediate,) Pyaemia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel B & O RR.

Date of Burial, Jan. 12th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

J West M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2491 Bans [OVER.]

Board of Health, City of Baltimore,

Permit No. 57078

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Taylor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 19 Barre St

Cause of Death, First, (Primary.)

Second, (Immediate.) General debility

Duration of Last Sickness, for about one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 12 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

W. R. McAnew M.D.,

Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52079 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Jan 10 - 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Rosa Riley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} No 2 Fort Avenue

Cause of death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 12.

Undertaker, Bernhard

Place of Business, 82 West St.

Dummett Sims M. D.,
Medical Attendant.

Address, 561 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 574080 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie A. Ward

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 17 N. Exeter St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption of the Lungs,

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jany. 13th 1882

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Balto St

J. N. Houck M.D.,
Medical Attendant.

Address, 75 E. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57081 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT. JAN 12 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hambleton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 91 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 102 E Pratt St

Cause of Death, First, (Primary.) Euthanasia (Old Age)

Second, (Immediate.) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jany 13th 1882

Undertaker, Thos. S. Hughes

Place of Business, 60 E Balto St.

Geo. L. Kenneman M.D.,
Medical Attendant.

Address, 73 E Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37/084 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H. Price

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Paper Hanger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 513 Aisquith St.

Cause of Death, First. (Primary,) Consumption

Second. (Immediate,)

Duration of Last Sickness, 17 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Wilson Belair Road

Date of Burial, Jan 12 th

Undertaker, H. C. Warfield

Place of Business, 70 Guilford Ave

M. B. Billingslea M. D.,
Medical Attendant.

per E. B. Fenby M.D.

Address, 314 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 34083

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie C Heck

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 10 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} Front St. 3rd door from Low St

Cause of Death, First, (Primary.) Pulmonary Phtisis.

Second, (Immediate.) The same

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 15th

Undertaker, Geo Schilling

Place of Business,

Wm Taber M. D.
Medical Attendant.

Address, 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52/084

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard T. McLaughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 4 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 1233 Lexington Street

Cause of Death, First, (Primary.) Catarrhal Bronchitis 3 (Suffocation)

Second, (Immediate.) Convulsions

Duration of Last Sickness, abt 5 Days

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Charles Mosher

Date of Burial, Jan. 13th 1882 Coroner M.D.,

Undertaker, Michael Hunt Medical Attendant.

Place of Business, No 35 Bank *Address,* 69 W Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 54085

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 54085

Permit No: 54085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Grossman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 36 6 East Lombard St

Cause of Death, First, (Primary,) Second, (Immediate,) Membranous Croup

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Old Westminster

Date of Burial, Jan. 13th 1882

Jno C Benzinger M. D.
Medical Attendant.

Undertaker, Michael Funk

Place of Business, No 356 Bank *Address,* 19 Cor Bunday & Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[9748.]

Board of Health, City of Baltimore,

Permit No. 54086 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Baugher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, farmer

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Cumberland Co. Pa.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 516 Hollins street

Cause of death, First, (Primary,) Heart - disease

Second, (Immediate,)

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, Jan 13th

Undertaker, John P. Paulus

Place of Business, 66 Hendrickson

John J. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54087

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany — 11 — 1882 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Marie Robertson

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* 5 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —— " ——

Place of Death, {Give street and number} 294 N. Streiker St

Cause of Death, First, (Primary,) Gastritis —

Second, (Immediate,) Meningitis —

Duration of last Sickness, —— " —— " ——

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Jany 13 1882

W. A. B. Dellman M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 5 & 7 Fayette St *Address,* 249 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1. 11. 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fresia M. Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7 3/4 Ms

Place of Death, {Give street and number} S E Cor Pine & Balto

Cause of Death {First, (Primary,) Diphtheria

{Second, (Immediate,)

Duration of last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jany 13th 1882

Undertaker, John Wacker

Place of Business, No 150 Camden

W. M. Eastman M. D.
Medical Attendant.

Address, 249 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. ... & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 571089 *Office of Registrar of Vital Statistics.* Ward 4 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thos Hall

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 9 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 31. S. Central ave

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Croup

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem'y

Date of Burial, Jan 14th 1884

Undertaker, C. A. White

Place of Business, Granby St *Address,* Comm of Health

Medical Attendant M. D.,

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Leo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Cook

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 166 N. Carey St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 5 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cem.

Date of Burial, Jan 13th 1882

J. W. C. Cuddy, M. D.
Medical Attendant.

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St. *Address,* 137 N. Carrollton av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT
JAN 12
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Laura Swartz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Whatcoat St No 10

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheria

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt L. G. Sparrow M. D.

Date of Burial, January 13th 1882 Medical Attendant.

Undertaker, J. E. Monaghan

Place of Business, 32 E Lexington Address No 427 N. Sticker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George E. Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore and

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 242 Linden Ave

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, ~~Last~~ Three Months

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave Md

Date of Burial, Jany 12 1882

Undertaker, J Godfrey & Son

Place of Business, 41 Hanover St

F. S. Miles M. D.
Medical Attendant.

24 Cathedral St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2492 Transit

[OVER.

Board of Health, City of Baltimore,

Permit No. 54093. *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th. January 1882. (Kleinstueck)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Kleinstueck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 6 *Months,* 3 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigarmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dresden, Saxonia, Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} Oregon Street 29.

Cause of death, First, (Primary,) Pneumonia Typhosa

Second, (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Co

Date of Burial, January 13 - 1882

Undertaker, Jno R Pauls

Place of Business, Frederick Road

William Henkel M. D.,
Medical Attendant.

Address, S. Wolfe & N. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54094 *Office of Registrar of Vital Statistics.* Ward 1 - 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 12, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Donaldson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross ont the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. John - New Brunswick

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number.} 51 N. Wolf St.

Cause of death, First, (Primary,) Mal-Nutrition

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Annes Cemetery

Date of Burial, Jan'y - 14 - 1882

Undertaker, N. F. Curran

Place of Business, 53 S Broadway

J. Helcollenberg, M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54095 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 11 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Dunn

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 - Stockton St -

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 12 1882

Undertaker, W. H. Hearn Cadogan

Place of Business, 227 Mulberry St. *Address,*

H. S. Howard *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57096 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. R. Weippert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* 3 *Days.*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, store - Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 269 Preston street

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 15

Undertaker, Walter Emmert

Place of Business, 315 W. Biddle

John J. Litzer M. D.,
Medical Attendant.

Address, 160 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57097 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Notori

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} House of the Good Shepherd

Cause of death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) —

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Jan 13th 1882

Undertaker, H. B. Cook

Place of Business, 707 W. Balto St

Edw. F. Mitchell M. D.,
Medical Attendant.

Address, 263 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 9th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel. Thomas

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 209 Raborg St.

Cause of Death { First, (Primary,) Pulmonary Tuberculosis " "
Second, (Immediate,)

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Ct. Cem.

Date of Burial, Jan 12th 1882

Undertaker, Jno. J. Chase

Place of Business, 188 S. Howard St

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57099 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary K Winkler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany – 8 years in US

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 348 Belair ave

Cause of death, First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Ht Olivet Cem

Date of Burial, Jan 13, 1882

Undertaker, Henry Heath

Place of Business, 384 Central ave

Edm d Bruckner M. D.,
~~Medical Attendant.~~

Address, Cor m P S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54100 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Oliver

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, about Known between 50 & 60 *Years, Months, Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Coach Driver

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Atlanta Ga,

Duration of Residence in the City of Baltimore, Seven Month

Place of Death, { Give street and Number. } 440 N Fulton Ave

Cause of Death, { First, (Primary.) Hypertrophy of Heart
Second, (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Jan 12th 1882

{ *Undertaker,* Chas P Byrne
{ *Place of Business,* Front St

Institution M. D., Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52/101 *Office of Registrar of Vital Statistics.* Ward 3 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Gertrude Dolan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 228 E. Louisiana St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Jany 14 1882

Undertaker, M A Wright

Place of Business, 745 Saty

Geo. C. Keating M. D.,

Medical Attendant.

Address, Commissioners of Health & Registrant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 54102

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Doherty

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 93 Mulberry

Cause of Death, First, (Primary.) Heart (valvular) Disease.

Second, (Immediate,) Dropsy

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 13th 1882

Undertaker, Wm. F. Scriven

Place of Business, 271 W. Eutaw St.

Linna N. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(over)

Death or Death, City of Baltimore,

Permit No. 24103 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Mantoni

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months, 17 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and Number.} 9 Wilcox St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hemorrhage from bowels

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial, Jan 13th 1882

Undertaker, Jas P. Byrne

Place of Business, Front St. Near Low

Silas N Hunter M. D., Medical Attendant.

Address, 34 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Merchant

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 21 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 571 Saratoga st

Cause of Death First, (Primary,) Inanition

Second, (Immediate,) "

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 13th January

D. J. Pennington M. D.
Medical Attendant.

Undertaker, Wattles & Cadogan

Place of Business, 227 N. Eutaw St *Address,* 134 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57105 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Jan 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Simmons & Lucretia Simmons

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* — *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 79 Mosher St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79 Mosher St

Cause of death, First, (Primary,)

Second, (Immediate,) Premature birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 13

Undertaker, C H Blizard

Place of Business, 201 E Balto St

Chas Marine M. D.,
Medical Attendant.

Address, Strieker & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57106 *Office of Registrar of Vital Statistics.* Ward 7E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Jan 12th 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Burton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} # 3 West alley

Cause of death, First, (Primary,) Dyspepsia

Second, (Immediate,) Asthma and Exhaustion 72

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 13th 1882 Wilmer Brinton M. D.,

Undertaker, Adam Pink Medical Attendant.

Place of Business, 761 N. Gay St *Address,* 25 ½ Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 3407

Board of Health, City of Baltimore,

Permit No. 52107

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hutchins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} Ramsay St 287

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) Uterus

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 13th 1882

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

_____ M. D.
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 54108

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth O Higgins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give street and number.} No 147 N Charles St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion of Lungs.

5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 14th January 1882

Undertaker, H.W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 135 N Charles

Riggin Buckler *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57109 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Elizabeth Ann Kelso

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jany 12 1882

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Seventy seven *Years,* Supposed *Months,* *Days.*

Color, W

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 128 W Madison St

Cause of Death, First, (Primary.) Rheumatism - Dis of Heart

Second, (Immediate.) Infirmities of Age

Duration of Last Sickness, — Years 7 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 14th January 1882

Undertaker, H. W. Jenkins Son

Place of Business, 75 N Charles St

Richard McSherry M.D.,
Medical Attendant.

Address, 189 W Hoffman St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54110 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Arringdale

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot County

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give street and Number.} 139 E. Biddle St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13 1882

Undertaker, John W Jackson

Place of Business, Cor Caroline & Gay

M. B. Billingslea M. D.,
Medical Attendant.

per E B Fenby M D
Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57111 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk Everhart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 2 *Years,* 9 *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 32 ✓

Place of Death, {Give street and number.} 19 Church St

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 18 mts

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 14 92

Undertaker, Eismann & Co

Place of Business, 263 Eutaw St

R. W. Ellis *M. D.,*
Medical Attendant.

Address, 813 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52/112 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Michel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lockesmith & Bell Hanger.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about forty years.

Place of Death, {Give street and number.} 155 E Fayette St.

Cause of Death, First, (Primary.) Valvular Disease of Heart

Second, (Immediate.) Anasarca Asthenia &c.

Duration of Last Sickness, Abt Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 15th 1882

Undertaker, E J Rossiter

Place of Business, 196 E. Baltimore St. *Address,* 2 N Broadway

R W Cathell M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54113

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wathen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Collector

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} #347 Linden Ave.

Cause of Death, First, (Primary.) Organic

Second, (Immediate.) Disease of Heart.

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 14th 1882

Undertaker, Lemmon & Stitcher

Place of Business, 65 S Broadway

H. W. Owings M.D.,
Medical Attendant.

Address, 48 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57114 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan" 12 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miranda V. Finoar

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Georgetown D C

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give street and Number. } 496 West Fayette St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Dthisis

Duration of Last Sickness, 6 mts

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Jan 13 - 1882

Undertaker, Jno. H. Deacon & Co

Place of Business, 22 W. Fayette St

J Minot Steuart M. D.,

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

496 West Fayette St

2493 Transit

Board of Health, City of Baltimore,

Permit No. 52115 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Wengel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} 25 Little McElderry St.

Cause of Death, First, (Primary,) heart disease

Second, (Immediate,)

Duration of Last Sickness, 4 days, Mr. death sudden at last.

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, Jan 14th

Undertaker, Geo Schilling

Place of Business,

Francis A. Jones M. D.,
105 N. Central Ave Medical Attendant.

Address, Edward P. Mathews Md Jones Falls

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Late Draft~~ Jan. 13th 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Late Draft

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 4 Tyson St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Pyaemia

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 15th

Undertaker, Geo. Schilling

Place of Business,

J. E. Lindsay M. D.
Medical Attendant.

Address 167 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Estelle Bamon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 14 *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 110 Robert Street

Cause of Death { First, (Primary,) Pseudo-membranous croup
Second, (Immediate,) Spasm glottis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14 82

Undertaker, Hennessy

Place of Business, Hanover and Pratt

F. V. Keller M. D.
Medical Attendant.

Address, 126 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52118

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan - 13, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Cambell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, W *Sex,* M -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Olivia & Maryland ave

Cause of Death, First (Primary,) Not Know

Second (Immediate,) Phthysis

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral William Lee M. D.

Date of Burial, Jan 15th 1882 Medical Attendant.

Undertaker, Chas T Sorrier

Place of Business, 271 N Eutaw Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57119

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mugrudea

~~*Sex, Male or* Female.~~ {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color,

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 93 Eastern Ave

Cause of Death, First, (Primary.) Asthma

Second, (Immediate.) Dont Know

Duration of Last Sickness, Dont Know 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Jan. 15th 1882

Undertaker, J. B Cook

Place of Business, 707 N. Balto. St

A. McCollum M.D.,
Medical Attendant.

Address, 343 Aliceanna

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57/120 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mettee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 300 N Bond St

Cause of death, First, (Primary,) Tuberculan Meningitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wolfe Cemetery

Date of Burial, Jan 15 1882

Undertaker, John W Jackson

Place of Business, Cor Gordon & Jay

Wm. E. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52121

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aquilla Griffith

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 7 *Years,* 4 *Months,* 6 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 7 Woodark St. nr Carey & Pratt sts.

Cause of Death, First, (Primary.) Believe the child died from natural Causes, From the description of childs condition

Second, (Immediate.) given by father think it had diptheria.

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 14th 1882

Undertaker, J. E. Coane

Place of Business, 654 W. Balto St *Address,* 298 W. Lombard St.

H. W. Hebner M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57122

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Shift

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 274 Hollins St

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate.) Pneumonia

Duration of Last Sickness, about 3 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan 15 1882

W. R. McAllen M.D.,
Medical Attendant.

{*Undertaker,* Denny & Mitchell
Place of Business,} *Address,* 582 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52/123

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H Isabella Ready

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 159 Mosher St

Cause of Death, First, (Primary.) ?

Second, (Immediate.) Senile Gangrene

Duration of Last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jany 14/82

James Amelay M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 553 W Fayette Address, 114 N Pac

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57124 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Belle Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 16 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Parkin St.

Cause of Death, First, (Primary.) Accidental Burn on evening of

Second, (Immediate.) 11th inst.

Duration of Last Sickness, about 29 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Jan 14th 1882

H. W. Hebner M.D.,

Medical Attendant.

Undertakers Denny & Mitchell

Place of Business, 530 W. Fayette st *Address,* 298 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore,

Permit No. 52125 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Rosenbergen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seven (7) *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 mos

Place of Death, {Give street and number.} 391 N. Chapel St

Cause of death, First, (Primary,) Diphtheritis - Diphtheritic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Twelve (12) Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem

Date of Burial, Jan 14, 1882

Undertaker, Henry Koch

Place of Business, 309 Central Ave

Wilmer M. D.,
Medical Attendant.

Address, Eager & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52126 *Office of Registrar of Vital Statistics.* Ward 4/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12. 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Baltazinne Agnes Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During entire life

Place of Death, {Give street and number.} 43 Fawn St.

Cause of death, First, (Primary,) Acute Phthisis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany 14th 1882

Undertaker, Thos. S. Hughes

Place of Business, 602 Baltic St

John J. King M. D.,
Medical Attendant.

Address, 215 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52142 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Jane Edwins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 14 Months, 1 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number.} # 15 East St.

Cause of Death, First, (Primary.) Pneumonitis acute

Second, (Immediate.) Exhaustion

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 15th "

Undertaker, Theodore J Locks

Place of Business, 73 Jefferson

Sam'l Bell M.D.,
Medical Attendant.

Address, # 134 N Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 34128

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rigdon

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 St. James St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Never without cough

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. — F. Green

Date of Burial, January 14 1884 — E. B. Fusty M. D. Medical Attendant.

Undertaker, Chas. J. Miller

Place of Business, 33 E. Fayette St. — *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...PLANT & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1887
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1.18.87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann M Bailey

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 87 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 88 yrs

Place of Death, {Give street and number} 53 N Fremont

Cause of Death First, (Primary,) Age

Second, (Immediate,)

~~Duration of last Sickness,~~

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 18 87

Undertaker, C W Blizzard

Place of Business, 201 Penna ave

P M Cashman *M. D.*
Medical Attendant.

Address, 817 Hull

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. COLONY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57130

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Fleet Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 21 Brune St.

Cause of Death, First, (Primary.) Diphtheria Diphtheria

Second, (Immediate.)

Duration of Last Sickness, Sixty (60) hours

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan 14th

Undertaker, C & B Lizzard

Place of Business, 201 Penna ave

Jos L Kearney M.D.,
Medical Attendant.

Address, 245 Saratoga St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57131 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William N Henderson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and Number.} 442 Madison Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 16 Mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 16th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Silas N Hunter M. D.,
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57132 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A Mills

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, Coal Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 427 Eastern Ave Balt. Md

Cause of Death, First, (Primary,) —

Second, (Immediate,) Paralysis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cemetery

Date of Burial, Jan 15th 1882

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway *Address,*

H. C. Hull M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57133.

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Arthur

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 76 N. Hugh

Cause of Death { First, (Primary,) Typhoid fever / Second, (Immediate,) Asthma

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 16th 1882

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

Jno. T. Bates M. D.
Medical Attendant.

Address, 1/2 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57134 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August W. Barlet

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 254 Montgomery St

Cause of death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, 15 January

Undertaker, Mr Krause

Place of Business, 55 Fayette St

R. J. H. Gall M. D.,
Medical Attendant.

Address, 15-2 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57135 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. R. Brooks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter.

Birthplace, {State or country and how long in the United States, if of foreign birth.} New Haven. Conn.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and Number.} 196 N. Eutaw St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Bond Brea Cemetery

Date of Burial, Jan 15th 1882

Undertaker, Andrews & Hodges

Place of Business No 46 & 48 Druid Hill Ave

C. O'Donovan Jr. M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5241/36

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* ~~25~~ 15 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 188 Chesnut alley

Cause of Death, First (Primary,) Capillary Bronchitis ✓

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 14th 1882

Jas. E. Gibbons *M. D.*
Medical Attendant.

Undertaker, M. H. Bischoff

Place of Business, 97 Druid Hill Av. *Address* 47 Edmondson Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52137

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, About 70 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Carolina Co. Md.

Duration of Residence in the City of Baltimore, About Forty Years

Place of Death, {Give street and number.} 412 Paul St.

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 14th 1882

Undertaker, Wm. H. Bishop Jr.

Place of Business, 9 y Druid Hill Av.

S. Welch M.D.,

Medical Attendant.

Address, 5-1/2 Eden St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57138 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Frederick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* ..... *Months,* ..... *Days.*

Color, ...

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 29 Collington Avenue

Cause of death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 15th 82

Undertaker, Fry & Son

Place of Business, 27 N Broadway

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14 / 82

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Butler Grayson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 74 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Rutherford Co Tennessee

Duration of Residence in the City of Baltimore, 10 months

Place of Death, { Give street and number. } 22 Mulberry St

Cause of Death, First (Primary,) Obstruction of Pr Prostrages

Second (Immediate,) Inanition

Duration of Last Sickness, 5 yr & 6 months

All the above information should be furnished by the Physician.

Place of Burial, Glenwood Cemetery Washington DC.

Date of Burial,

A. J. C. Powell M. D,
Medical Attendant.

Undertaker, H. H. Jenkins Son

Place of Business, 75 N. Charles St Address 87 do do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

Permit No. 52140 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 o'clk A.M. 13th Jany 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Weikert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Twenty-six Years, *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Twenty six years

Place of Death, {Give street and number.} Kirby's Lane 1st No 6

Cause of death, First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Convulsions

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Hamilton

Date of Burial, Jan. 15th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

William P. Evans M. D.,
Medical Attendant.

Address, 149 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births aud deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52141 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Steele

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years.* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 20 Scott st

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Chronic Diarrhoea

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 16' 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto St, *Address,* 319 Hollins st

James Bosley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician or Undertaker, and the Returns of Births and Deaths, and the Returns of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dignan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} .....

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number} 117 E. Eager St

Cause of Death, First, (Primary) old age

Second, (Immediate,) Cerebral effusion

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jany 16th 82

Undertaker, M. Clarke & Son

Place of Business, 64 E. Eager St

Thos S Latimer M. D.
Medical Attendant.

Address, 187 N. Bridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JAN 14
1882
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Thomas Eastwood Fennall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} #204 N. Eden St

Cause of Death, {First (Primary,) Chronic Pneumonia; Second (Immediate,) Catarrhal Phthisis} 6 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, January 15th 1882

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St.

J. E. Whitefort M. D.
Medical Attendant.

Address 195 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52144 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fridericka Perry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} German

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} N. E. Cor. Washington Ave & Chestnut

Cause of death, First, (Primary,) Chronic Enlargement of Liver

Second, (Immediate,) Peritonitis

Duration of Last Sickness, About 2 Weeks more or less

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan. 14th 1882

Undertaker, Geo. Saunderson

Place of Business, 252 Canton Ave

James E. Kemler, M. D., Medical Attendant.

Address, 996 Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 52145 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13-1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Peey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, ddo

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and Number. } 8 X alley

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Spasms.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Thanksgiving

Date of Burial, Jan 14-1882

Undertaker, Geo W Perkins

Place of Business,

James A Steuart M. D.

Medical Attendant

Address, Commissioners Room

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52146 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Burt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Entaw Court City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 189 Lemon St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, January 14

Undertaker, H. Ross

Place of Business, 95 Conway St *Address,*

Alexander Tinsley M. D.,
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 54147 *Office of Registrar of Vital Statistics.* Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Bacon

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mulgrave. Lee. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 68 Drayton St.

Cause of death, First, (Primary,)

Second, (Immediate,) Cancer of the Mouth

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Church Home Cemetery

Date of Burial, January 15

Undertaker, H. Ross

Place of Business, 94 Conway St

L. M. Hall M. D.,
Medical Attendant.

Address, 202 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5741148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina George

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, 89 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} M

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give street and number} 111 Saratoga

Cause of Death {First, (Primary,) Cardiac Hypertrophy

{Second, (Immediate,)

Duration of last Sickness, 2 1/2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, 15th Jan. 1882

H. P. Rennolt M. D.
Medical Attendant.

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry St. *Address,* 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leroy Freeman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 46 Camel alley

Cause of Death First, (Primary,) Diptheria & Meningitis

Second, (Immediate,) "

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Lawn

Date of Burial, Jan 15th 1882

Undertaker, Chas E Scriven

Place of Business, 271 N Eutaw St

P. B. B. Browne M. D.
Medical Attendant.

Address, 347 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health of Health, City of Baltimore,

Permit No. 54150 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan" 13 = 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Nova Scotia

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} #3 Gelston ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan" 13 - 1882

Undertaker, Wm J. Gray

Place of Business,

James A Steuart M. D.,

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 52151 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janry 13th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilson Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow, or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and Number.} 269 N. Biddle St.

Cause of Death, First, (Primary.) Phthisis Pulmonum

Second, (Immediate.)

Duration of Last Sickness, About 4 years

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 16th 1882

Undertaker, Saml. N. Chase

Place of Business, 198 E. Howard St. *Address,* 262 Madison Ave.

Eldridge C. Price M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52152 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Gilghman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 8 Months, 14 Days.

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Chestnut Ally

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 15th 1882

W W Austin M.D.,
Medical Attendant.

Undertaker, Sam'l H. Chase

Place of Business, 198 E Howard *Address,* 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57153 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael A. Williamson.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~. {Cross out the word not required in this line.}

Occupation, ——— ✓

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 46 Clay Sts

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and number.} 46 Clay Street

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Peritonitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16th 1882

Undertaker, Sam'l W. Chase

Place of Business, 188 E. Howard St *Address,* 616 W. Baltimore St

W. W. Clements *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54154 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Jan 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Drebert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 55 S. Exeter St

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Convulsions, Paralysis (Infa)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial Ger. Luth. Trinity Church Cemetery

Date of Burial, Jan. 15th 1882.

Undertaker, Pleau & Bartell

Place of Business, 62½ W. Baltimore St *Address,*

A. B. Arnold M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

mit No. 57155 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, quested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE

CERTIFICATE OF DEATH.

te of Death, January 12th 1882

ll Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Petzing

, Male ~~or Female~~, {Cross out the word not required in this line.}

e, 20 Years, (About) Months, Days.

lor, White

rried, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

cupation, Clerk

rthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City Life

uration of Residence in the City of Baltimore,

lace of Death, {Give street and number.} 734 Hanover st.

ause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

uration of Last Sickness, About 9 mos

All the above information should be furnished by the Physician.

lace of Burial, Western Cemetery

ate of Burial, 15th of Jan. 1882

Undertaker, J. Kummerd

Place of Business, 317 Mulberry St

R. W. Mifflin M. D.,
Medical Attendant.

Address, 184 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the se and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5241/56 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reddington

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 E. Hoffman

Cause of death, First, (Primary,) Scarlatina S.

Second, (Immediate,) Rheumatism with pericardial effusion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 14 1882

Undertaker, Jos C Byrne

Place of Business, 63 Hanover

F. Albaugh M. D.,
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57157 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. J. Goode,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 32 ~~Yrs~~ *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Engineer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Richmond Va.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 5 Aisquith

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, January 15th 1882

Undertaker, H. M. Gibneyer.

Place of Business, 341 Canton Avenue

G. G. Lusk M. D.,

Medical Attendant.

Address, Balt. & Pratt sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 57158

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 12 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Sherman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 114 N. Th Washington

Cause of Death, First, (Primary.)

Second, (Immediate.) Meningitis

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 15 82

Undertaker, Fry & Son

Place of Business, 17 N Broadway

Milton N Taylor M.D.,
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 32159 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Auman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria. 37 yrs. in U.S.

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and number.} 257 Jefferson St.

Cause of death, First, (Primary,) Old Age

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Jan 15th 82

Undertaker, M. Trance

Place of Business, 280 Canton Ave.

J. Helebollenberg, M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57160 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, January 12th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Michael

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months,* 20 — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 69 S. Castle Street

Cause of death, First, (Primary,) Carcinoma Uteri & Bright's Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, Jan 15th 98

Undertaker, M. Franc

Place of Business, 220 Lan Ave

L. W. Hilpert M. D.,
Medical Attendant.

Address, 1 Eager near Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 52/161 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Lorenz

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 126 S. Carrollton.

Cause of Death, First, (Primary,) Angina membranacea

Second, (Immediate,) Suffocation

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial St Alphonsus

Date of Burial, Jan. 15 82

Undertaker, M. Crane

Place of Business, 780 Canton Ave *Address,* 245 S. Baltimore

J Hattrick M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[P.T.]

Board of Health, City of Baltimore.

Permit No. 52162 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Coles,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lower Point

Place of Death, {Give street and number.} Hanover St near Nicholson (Res recently) —

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, January 15th 1881

A. L. Clarke M.D.,
Medical Attendant.

Undertaker, W a! Daiger

Place of Business, 745 B-y *Address,* 237 Gough st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 52163 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr George Frederick Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~48~~ 51 *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 215 Druid Hill Avenue

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) "

Duration of Last Sickness, 3½ days.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Co Md

Date of Burial, J[illegible]6

Undertaker, C[illegible]blizzard

Place of Business, [illegible]ear

B. B. Browne M. D., Medical Attendant.

Address, 307 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2497 Transit [Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5241654

HEALTH DEPARTMENT
JAN 14 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Kemp

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk Virginia

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 9 Green Willow st

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va.

Date of Burial, Jan 14 1882

Undertaker, S W Chase

Place of Business, 198 Sharrod st

[illegible] M. D.
Medical Attendant.

Address, 119 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2498 Treasurer

[OVER]

Board of Health, City of Baltimore, 54163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Ann McElroy

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Eight ~~Three~~ *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 150 Grange St

Cause of Death, { First (Primary,) / Second (Immediate,) } old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Thomas Sappington M. D.

Date of Burial, Jany 16th 1882 Medical Attendant.

Undertaker, Lewis F Schafer *Address* 70 Centre St

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Finigan.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Forty-one *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Attended to his family duties.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland. Twenty Years in U.S.

Duration of Residence in the City of Baltimore, Twenty Years.

Place of Death, {Give street and number} #12 Mercer St.

Cause of Death, First, (Primary,) Premature delivery brought on by Accident.

Second, (Immediate,) Collapse.

Duration of last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Jany 15th 1882

Undertaker, J. F. Byrne

Place of Business,

James Mann M. D.
Medical Attendant.

Address, #110 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 54167

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JAN 15 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 72 Chestnut st

Cause of Death, First, (Primary.) Concussion of brain

Second, (Immediate.) Cerebritis Convulsions

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial Asbury Cemetery

Date of Burial, Jan 15th 1881

Undertaker, Abraham Wagman

Place of Business, 13 Saratoga st

E. C. Baldwin M.D.,
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54168

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michel Koestler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 290 Aisquith St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Acute Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, January 1882

Undertaker, Henry Floer

Place of Business, 309 Conrad ave *Address,*

Jno. Brooke Bayles *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54,169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 13th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bruning

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 222 S Paca St

Cause of Death, First (Primary,) ....

Second (Immediate,) Fibro Cystic Tumor of Uterus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Jan 16th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Edward Cook M.D.
Medical Attendant.

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54170 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, ... January 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ..... John Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} ..... Male

Age, ... 28 *Years,* ..... *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ..... Single

Occupation, ... Shoemaker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ..... Ireland

Duration of Residence in the City of Baltimore, ... ✓

Place of Death, {Give street and number.} ..... No 58 Maryland Ave

Cause of death, First, (Primary,) ..... Phthisis

Second, (Immediate,) .....

Duration of Last Sickness, ... Six months

All the above information should be furnished by the Physician.

Place of Burial, ... New Cathedral

Date of Burial, ... Jan 16th 1882

Undertaker, ... Henry W. Mears

Place of Business, ... 45 N. Gay St *Address,* .....

Wm Whitridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N 31 Vincent St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N 31 Union St

Cause of Death, First, (Primary.) Catarrh

Second, (Immediate,) Convulsions

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Jan 15 1882

Undertaker, Wilson Berger

Place of Business, 162 East Street

Jno L Quinan M. D.
Medical Attendant.

Address, 680 N Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 54172

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 14

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Riggs

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washing

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland 42 years

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give street and number. } 1 Caulton St

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) Apoplexy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Jan 15 1882

Undertaker, William N Dorsey

Place of Business, No 62 East Street

Alexander Fowler M.D.,
Medical Attendant.

Address, Same

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54173 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hammond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number.} 1 Eutaw Row

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, St Mary's & Conn 4

Date of Burial, Jan 15th 82

Undertaker, Geo W Entwisle Jr

Place of Business, 130 Henrietta St *Address,* 296 Hanover St

W. S. Booze M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 54174

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Ebert

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Oyster Dredger

Birthplace, { State or Country and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } St Josephs Hospital

Cause of Death, First, (Primary.) Pneumonia & Oedema Femoris

Second, (Immediate.) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, January 15

Undertaker, Patrick Mullin

Place of Business,

Chas B Goldsborough M.D.,
Medical Attendant.

Address, St Josephs Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54178

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JAN 15 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Infant Son of William & Louisa Buckley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 59 h Frederick St

Cause of Death, First, (Primary.) ———

Second, (Immediate.) General debility = Swine = both diseased

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, January 15

Undertaker, Patrick Mullin

Place of Business, ———

Alex D Shartzer M.D.,
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 54176 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 13 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas F. Ryan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 56 Williams st

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial Jan 15 1882

Undertaker, C F Krause

Place of Business, 209 Hanover *Address,* 57 Bar

H. W. Webster M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54177 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Rusteberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} #289 Eastern av.

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,)

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jan. 16, 1882

Undertaker, John Kenny

Place of Business, 332 Lemmon St

John H. Rehberger M. D.,
Medical Attendant.

Address, #243 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54178 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. JAN 15 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Short

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* / *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 15 Pulaski Alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Tubercular Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 15 1882

Undertaker, John C Jordan

Place of Business, 63 Park Ave

John L. Russell M. D.,
Medical Attendant.

Address, 238 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 64179 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1ST 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Mc Cubbin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 70 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 321 John St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Meningeal inflammation.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 16"

Undertaker, W H Hickman

Place of Business, Gay near North *Address,*

Wm Woolridge M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57/180 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Jan. 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Foley Riley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number.} No. 2 Fort avenue

Cause of death, First, (Primary,) Malignant Diphtheria

Second, (Immediate,) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan. 16th

Undertaker, B. Hearle

Place of Business, No. 82 West st. *Address,* 561 W. Fayette st.

D. Dimmitt Norris M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52181 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Braun

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 178 Columbia Ave

Cause of death, First, (Primary,) Congestion of Lungs & Larynx

Second, (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 16. 82

Undertaker, Philip F. Dill

Place of Business, 183 Columbia Ave

John Neff M. D.,
Medical Attendant.

Address, 202 Lanvale Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5 2 4 1 8 2 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 Bruce st

Cause of death, First, (Primary,) Diphtheria & Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 16th

Undertaker, H. W. Mears

Place of Business, Lay st

Geo. Lynch M. D.

Medical Attendant.

Address, Calvert & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52183 *Office of Registrar of Vital Statistics.* Ward 6 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hoyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany, in the U. S. years

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give street and number.} 82 N. Durham St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Exposure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 16 1882

Undertaker, Henry Hoen

Place of Business, 389 Central Ave

J. Helbellenberg M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57184 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jennings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Coal dealer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} B&OR.R. Howard & Oden Sts

Cause of Death, First, (Primary.) Struck by Engine 211, B&OR.R.

Second, (Immediate.) "

Duration of Last Sickness, one hour & a half

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 16 1882

Undertaker, J B Cook

Place of Business, 707 West Baltimore

S. A. Steek M.D.,

~~Medical Attendant.~~ Coroner Balt

Address, 161 E. Lee St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57185 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Henry McCaffety

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 56 E. Fayette St

Cause of Death, { First, (Primary.) Measles

Second, (Immediate.)

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 17/82

Undertaker, Fry & Bro

Place of Business, 51 N Broadway

J. W. Hook M.D.,
Medical Attendant.

Address, 70 E. Balt. St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6241 86 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 6 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 6 Boston St

Cause of death, First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

I have not seen the child for two weeks.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. the 16th

Undertaker, Geo. W. Perkins & Co

Place of Business, 130 Henrietta St

G Lane Tanyhill M. D.,
Medical Attendant.

Address, 129 W Fredk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57187

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Killalea

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— 2 —— *Years,* —— 4 —— *Months,* —— 18 —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 173 Pennsylvania ave

Cause of Death,
First, (Primary.) Whooping Cough
Second, (Immediate.) Effusion at base of brain, and Convulsions

Duration of Last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bon Brea

Date of Burial, Jan. 17th 1882

Undertaker, Wm Shearer.

Place of Business, 202 N. Eutaw St. *Address,* Fayette & Fremont Sts.

Wm. W. Murray *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 574/188

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Rhoads

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 1/2 *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 162 Bank st

Cause of Death, First, (Primary.) Traumatic

Second, (Immediate.) Tetanus

Duration of Last Sickness, Nineteen Days.

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Bg.

Date of Burial, Jan 17 10 A M

Undertaker, M Brance

Place of Business, Canton Avenue

Nicholas L. Dashiell M.D.,
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54189 *Office of Registrar of Vital Statistics.* Ward 18 "9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15 82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Hays Christian

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unfn'd Co'd

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} Ramsdell's Wharf foot of Warner St-

Cause of death, First, (Primary,) I saw her when in a dying condition - the former medical attendant had diagnosed Pneumonia -
Second, (Immediate,) Peritonitis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Aberdeen

Date of Burial, Jany 17th 1882

Undertaker, John Thacker

Place of Business, 150 Camden

D Sullivan M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 12 2501 [OVER.]

Permit No. 32190 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE

Date of Death, Jan. 13th 82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hekman Faulhaber

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Grocer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 189 S. Wolfe

Cause of Death, First, (Primary.) Acute pernicious anaemia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cem

Date of Burial, Jan. 16th 82

Undertaker, M. Franer

Place of Business, 280 Canton Ave *Address,* 24 S. Belnont

J. Matthews M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57191

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th Jan 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sellery

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} asylum of the Little Sisters of the Poor cor. of John and Valley Sts

Cause of Death, First, (Primary) ; Second, (Immediate.) General Dropsy

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 17th Jan 1882

Undertaker, H C Wadefield

Place of Business, 91 Greenmount Ave

Geo Brooke Lyle M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 16 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Anon~~ Emma E. Myers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 391 Sharp St

Cause of Death, {First (Primary,) ; Second (Immediate,)} Diphtheria 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem *by* Theodore Cook M.D.

Date of Burial, Jan 17th 1882 Medical Attendant.

Undertaker, Julius Koehler *Address* 146 Hanover St

Place of Business, Sharp & Cross Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 57193 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th. January 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rolfes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number.} Thames or Lan[illegible] 24.

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan. 16

Undertaker, W. Dipp[illegible]

Place of Business, [illegible] Baltimore, *Address,* S. Wolfert's Wf

William Henkel M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52/1964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rollin J. Holland

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 14 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 9 Stockton Alley

Cause of Death, First, (Primary,) Peritonitis ending in Convulsions

Second, (Immediate,)

Duration of last Sickness, Eighth days

All the above information should be furnished by the Physician.

Place of Burial, Catons Vill

Date of Burial, Jan 16 1882

Chas G. Goff M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, No 62 East [illegible]dress, 306 N. Hazlett St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5419 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Cobb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} 5 Coke Alley

Cause of death, First, (Primary,) Heart disease

Second, (Immediate,) probably

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 16 1882

Undertaker, Thos J Locke

Place of Business, 78 Jefferson

Edmund Wacker M. D.,
Medical Attendant.

Address, Coroners D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5419 6 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Bush

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 9 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number.} 20 Monroe Street

Cause of death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, About Eighteen Years

All the above information should be furnished by the Physician.

Place of Burial, Bal. Cemetary

Date of Burial, January 17 1882

Undertaker, Jno. F. Pinkus

Place of Business, 66 Frederick Ave *Address,* Carroll Co. Md.

Chas. G. Holliday M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 54197 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Foard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Point Lane near Aisquith St

Cause of Death, First, (Primary,)

Second, (Immediate,) Neuroma Lages of the nose.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Holy Cross.

Date of Burial, Jan 16 "1882

Undertaker, H. C. Wiedefeld

Place of Business,

James A Steuart M. D.,

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 8498 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nutt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 1 *Months,* 26 *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 210 Penn St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial Loudon Cem

Date of Burial, Jan 16 - 1882

Undertaker, Hercules Ross.

Place of Business,

James H Sloan M. D.,

Address, Commissioner of Health and Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 54199 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th '82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Carboss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland — 40 years

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 17th 1882

Undertaker, Jas P Byrne

Place of Business, 63 Fayette St

C. W. Mitchell M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54200 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alcock.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 2 *Months,* 26 *Days.*

Color, Black.

~~*Married*~~, ~~*Single.*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West-River, Md.

Duration of Residence in the City of Baltimore, About 8 Months.

Place of Death, {Give street and number.} 32 Ohio Av.

Cause of death, First, (Primary,) Chronic Dysentary.

Second, (Immediate,)

Duration of Last Sickness, About One Year.

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, Jan 15th

Undertaker, J Davis

Place of Business, 103 Lee

L. G. White M. D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52201 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hoafer (Heafer)

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 84 *Years,* 10 *Months,* 15 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Adams Co. Pa.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 25 Little Mc Elderry St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) .....

Duration of Last Sickness, 6 days. Pneumonia

All the above information should be furnished by the Physician.

Place of Burial Louden Park Cemetery

Date of Burial, Jan 17th

Undertaker, George Schillings

Place of Business, Ashland & Lyon

Francis A. Lewis M. D.
Medical Attendant.

Address, 105 N. Central

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57202

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 16 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry James Garfield Lipky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 23 Aisquith St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, Janry 17 1882

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave.

E J Kleiner M.D.,
Medical Attendant.

Address, 93 Ellwood St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52203 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 15th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Greentree

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 26 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 339 Lexington St.

Cause of Death, First, (Primary.) General Debility Sodecline of age

Second, (Immediate.) " " "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Hebrew Cem Thos D Jee M.D.,

Date of Burial, Janar 17th 1882 Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address,* 39 S Carey St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 54204 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Thurston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 71

Place of Death, {Give street and number.} 16 Weber St

Cause of death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 Mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Jan. 17 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

R & P. E. W. *M. D.,*

Medical Attendant.

Address, 813 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57205 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P Rofe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 188 Chestnut alley

Cause of death, First, (Primary,)

Second, (Immediate,) Pneumonia (Congestive)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 18 1882

Undertaker, Mateus Erdogan

Place of Business, 227 Mulberry St

James [illegible] M. D.,
Medical Attendant.

Address, 134 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann O'Donnell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 61 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Lady —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, — 25 yrs

Place of Death, {Give street and number} 565 W. Fayette

Cause of Death, First, (Primary,) Chronic Bright's disease
Second, (Immediate,) = Cardiac Hypertrophy — Paralysis — Chronic Diarrhea

Duration of last Sickness, 9 or 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jany 17th 1882

A. H. Latimer M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52207 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Jno Thomas Johnson~~ Jno Thomas Frederic Johnson Jany 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno T. Frederic Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* — *Days.*

Color, Col'd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Brady alley bet. Biddle & Aisquith near Richmond st

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) —

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, 76 East [illegible]

G Lane Tarrington M. D.,
Medical Attendant.

Address, 129 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schroeder

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* 8 *Months,* 14 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N Baltimore St near Calverton road

Cause of Death { First, (Primary,) Bright's disease of the Kidneys
Second, (Immediate,) asthenia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan 18th

Undertaker, John P. Paulus

Place of Business, 66 Frederick ave

R Richardson M. D.
Medical Attendant.

Address, 137 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 52209 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Lebe Iesen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 6 Andrews St. L. Point

Cause of death, First, (Primary,) Croup

Second, (Immediate,) Suffocation

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Helenas Com.

Date of Burial, 18 Jan

Undertaker, B Hauk

Place of Business, 82 West St.

E W Janney M. D.,
Medical Attendant.

Address, 260 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stehle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 46 *Years,* 11 *Months,* 15 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28

Place of Death, {Give street and number} Hall Street near West St

Cause of Death, First, (Primary.) Empyema and Lung-Abscess,

Second, (Immediate.) the cause

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 17

Henry Asher M. D.
Medical Attendant.

Undertaker, B. Haslup

Place of Business, 82 West St. *Address,* 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52/211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis L. Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 334 William St

Cause of Death, {First (Primary,) .....} {Second (Immediate,) Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 17th & 3 Oclock.

Undertaker, B. Hook

Place of Business, 82 Market St

Edward Cotte M.D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57212 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janry 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hayes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three (3) *Years,* Nine (9) *Months,* Three (3) *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 99 Mc Elderry St

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, January 18 1882

Undertaker, John Henry

Place of Business, 382 Orleans St

C. Worthington M. D., Medical Attendant.

Address, 1 E Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 5 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 N. Broadrick St Rear

Cause of Death, {First (Primary,) Dr

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Richd Shipley M. D.

Date of Burial, January 18 1882 Medical Attendant.

Undertaker, John Harris

Place of Business, 382 Orleans St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52424

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Levina Colbert

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 6 *Years,* — *Months,* 15 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, Native

Place of Death, { Give street and number. } 87 Orchard

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17 82

Undertaker, Abp Hemsley

Place of Business, 16 Howard St

W H Antrim M.D.,
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Downes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days.*

Color, Brown Skin

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 97 Grand Ocean ✓

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan the 17th

Undertaker, Geo H Perkins & Co

Place of Business, 120 Henrietta St

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Gilligand

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number} 183 Mulliken St

Cause of Death {First, (Primary,) Bronchitis &c

{Second, (Immediate,)

Duration of last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18 1882

Undertaker, William Duncan

Place of Business, No 62 East Street

D M Cattell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Page.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thomas Chase

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* two *Months,* 11 *Days.*

Color, Colored. ~~Colored~~

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chase - wolf to 458.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Chase & wolf No 458

Cause of Death { First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Exhaustion & Collapse

Duration of last Sickness, Ten days having in that time a regular

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 17 1882

Undertaker, Wilson & Longo

Place of Business, No 62 East Street

Thos J Simms M. D.
Medical Attendant.

Address, Office 240 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 34210

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara J. Leubin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 173 Lytle St

Cause of Death, First, (Primary,) Chronic Pneumonia

Second, (Immediate,)

Duration of last Sickness, 1 yrs

All the above information should be furnished by the Physician.

Place of Burial, Germ Luthn Cemetery

Date of Burial, Jan 18th 1882

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Geo. H. Benson M. D.
Medical Attendant.

Address, 144 Hanover St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37219 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A Shuck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 8 *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 24 Pleasant St.

Cause of Death, First, (Primary,) Cerebro-Spinal Meningitis

Second, (Immediate,) Paralysis Coma

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial Old Cathedral Cem.

Date of Burial, Jan 17th 1882

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St

L A Shuck M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57220

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16-1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Parrott

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 4 *Years,* 6 *Months,* ..... *Days.*

Color, ...

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} none

Duration of Residence in the City of Baltimore, Baltimore Life

Place of Death, {Give street and number.} 18 Asquith St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) .....

Duration of Last Sickness, 6 Days—

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 17th 1882.

Undertaker, Henry W. Mears

Place of Business, 454 N. Gay St

Jno. T. Powell .. M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Sullivan

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 68 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M.

Occupation, Shoemaker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. ~~No 4 Hoy Ct Monument St.~~

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 164 E. Monument St.

Cause of Death First, (Primary,) Congestion of Brain.

Second, (Immediate,)

Duration of last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 18.

Undertaker, Charles Scitons,

Place of Business, Gardner St.

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52222 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Jeschak

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 0 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 206 Canton Av.

Cause of death, First, (Primary,) Bronchitis (Acute)

Second, (Immediate,)

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, M. A. [illegible] Cem.

Date of Burial, Jan. 19th

Undertaker, [illegible]

Place of Business, [illegible]

John H. Rehberger M. D.,
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37223

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Waterman Susana

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 yrs

Place of Death, {Give street and number.} 32 Hanover st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Matthew Cemetary

Date of Burial, January 18th 1882

Undertaker, Henry Kirwan

Place of Business, 63 N Eden St

Geo. L Kenemon M.D.,
Medical Attendant.

Address, East Dept

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52424 *Office of Registrar of Vital Statistics.* Ward Six

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Brown

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Fifty Three *Years,* One *Months,* — *Days.*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Newyork

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} 16 16 East Fayette St.

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) Do

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 18th 1882

Undertaker, [illegible]

Place of Business [illegible] *Address,*

Jno. M. Galt M. D.,
"
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52425 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Jacobs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Four 4 *Years,* Eight (8) *Months,* — *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 496 N Gay St

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Two (2) hours

All the above information should be furnished by the Physician.

Place of Burial, Eden St Synagogue Cemetery

Date of Burial, Jany 18th 1882

Undertaker, Adam Eigle

Place of Business, 461 N Gay St

J W Tolout M. D., Medical Attendant.

Address, E cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52226 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ....

Sex, Male or Female, { Cross out the word not required in this line. } ....

Age, ... *Years,* .... *Months,* 1 .... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } ....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } ....

Cause of death, First, (Primary,) ....

Second, (Immediate,) ....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 18th 1882

Undertaker, W. A. Saiger

Place of Business, Broadway .... *M. D.,* Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52427

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B. Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* 7 *Months,* 6 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 8 Stirling st

Cause of Death, First, (Primary.) Congenital predisposition to

Second, (Immediate.) Bronchitis ending in Convulsion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 18 1882

Undertaker, & Abram Hayman

Place of Business, 413 Saratoga

E. C. Baldwin **M.D.,**
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~personally, if at~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17 — 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amalian Engfeldt

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 59 — *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Home cultivator

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Denmark

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } Synod of Maryland & Branch

Cause of Death { First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery

Date of Burial, 18th inst January

Undertaker, Fred Gaidel

Place of Business, 29 N Howard

F. D. Glenn M. D.
Medical Attendant,

Address, 1 Mt Vernon Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o

J. S. REQUIER & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62229 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Gaff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 677 N. Gay St

Cause of death, First, (Primary,) Paralysis

Second, (Immediate,) Diphtheritis

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Jan 19 Th 1882

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

[signature] *M. D.,*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57230 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Rescorla

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

~~Color~~,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 338 Madison St E.

Cause of death, First, (Primary,) Debility

Second, (Immediate,) Typhoid Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 18 1882

Undertaker, John Heaney

Place of Business, 382 Orleans St

J. W. White M. D., Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54231

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* 25 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 51 Parkin St.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) Diphtheritic Croup

Duration of Last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park. Cem

Date of Burial, Jan. 19th 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

H. W. Hebner M.D.,

Medical Attendant.

Address, 298 N. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52232 *Office of Registrar of Vital Statistics.* Ward 6 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dexter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* 17 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} #181 N Bethel St

Cause of death, First, (Primary,) Acute Pneumonitis (Catarrhal)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, City Cemetery

Date of Burial, Jan 18 1882

Undertaker, Chas A White

Place of Business, [illegible]

Geo F Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57233

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C. Wheeler

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 20 N. McElderry St

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 18th 1882

Undertaker, Wm H. Heckman

Place of Business, 234 N. Gay St.

J. W. Houck M.D.,
Medical Attendant.

Address, 73 E. Balt. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN
1883
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bell Broadbeck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 258 E Monument St

Cause of Death, First (Primary.) Diphtheria malignant

Second (Immediate.) Septicaemia

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 19th

Undertaker, George Schilling

Place of Business, Ashland & Lynan

Jenny Mellor M.D.
Medical Attendant.

Address 79 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 54238 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 17. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter H. Gray

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 *Years,* — *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cabinet maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } 12 Point Lane nr. Cemetery

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan'y 19

Undertaker, George Schilling

Place of Business, Ashland Square *Address,* 305 N. Caroline St.

Geo. A. Northrop M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 54236

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Clipper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 146 Hanover st

Cause of Death, First, (Primary.)

Second, (Immediate.) Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial,

Undertaker, Ambrose Keen

Place of Business, 1207 Light

Theodore Cook M.D.,

Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 54237 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday, Jan 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wingrove

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} # 29 E. Eager St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion from high temperature

Duration of Last Sickness, One WEEK.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 20 /

Undertaker, [illegible]

Place of Business, [illegible]

Wilmer Brinton, M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52238 *Office of Registrar of Vital Statistics.* Ward 7 "y"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H. Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 245 Durham St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Shar[illegible] St. Cemetery

Date of Burial, January 18

Undertaker, H. A. [illegible]

Place of Business, 25 Conway St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 57439

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Banks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House work

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number.} No 1 Wilmer Aly

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of Last Sickness, 2 mos weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 19 1882

Undertaker, John C. Jordan

Place of Business, 463 Pratt

H H Atkinson M.D.,
Medical Attendant.

Address, 172 Fremont

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57240 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or another, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie M. Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* x *Months,* 3 mos *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} None

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} S. W. Cor Broadway & Chase St

Cause of death, First, (Primary,) Malignant Diphtheritis

Second, (Immediate,) Toxaemia

Duration of Last Sickness, Five (5) Days.

All the above information should be furnished by the Physician.

Place of Burial, Bally City

Date of Burial, Jan 19th

Undertaker, H. Schultheis

Place of Business, 261 Monument W

Geo F. Taylor M. D., Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5742.41 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. Howard Leef

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 827 N. Stricker St

Cause of Death, { First, (Primary.) / Second, (Immediate.) } Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Green Mount

Date of Burial, Jan 19th 1882

Undertaker, Denny & Mitchell

Place of Business, 537 W. Fayette St

Alan A Linn M. D.,

~~Medical Attendant.~~

Address, Comm of Health Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether ~~married~~ or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57242 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17, 1882

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Murray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fawntown Md many year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 62 Tyson St

Cause of Death, First, (Primary.) Death supposed to be due

Second, (Immediate.) to heart disease

Duration of Last Sickness, In bad health for 2 years

All the above information should be furnished by the Physician.

Place of Burial, Lemuel Cemetery

Date of Burial, Jan 19th 1882 } J. E. Atkinson M. D.

Undertaker, John W Lee } Medical Attendant.

Place of Business, 1103 Jefferson *Address,* 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2: *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5424 3 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin W Schneidmiller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53 Druid Hill av

Cause of death, First, (Primary,) Dytheria

Second, (Immediate,) asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Westan Cemetery

Date of Burial, 19 Jan. 1882

Undertaker, Thy T. Kinnaird

Place of Business, 317 Mulberry *Address,* 220 N Gilford st

C Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57244 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Six (6) *Years,* Eleven (11) *Months,* — *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 08 76 Eastern Ave

Cause of death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Diphtheritis

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 19th 1882

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St

C. W. Thelan M. D.,
Medical Attendant.

Address, 68 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 5742-48

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 January 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannorah Donahue

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 91 S. Spring

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, 4 weeks + 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, Jan. 19th 1882

D. F. Leonard M. D.
Medical Attendant.

Undertaker, Michael Funk

Place of Business, No 35 Bank St

Address, 244 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 34246

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 521246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Kaiser

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} Loudon Park Cem.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) ____

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan 19 1882

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

Geo. Miller M. D.
Medical Attendant.

Address. ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANT & CO. CITY FURNITURE AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57247 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fryer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} 157 Eutaw

Cause of death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsas Land

Date of Burial, Jan. 19' 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

H. F. Hill M. D.,

Medical Attendant.

Address, 443 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52548 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J. Wolfe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 8 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 212 Eastern Ave

Cause of Death, First, (Primary,) Bronchitis capillaris

Second, (Immediate,) Suffocation

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 19

Undertaker, Chas. Higgins

Place of Business, 1 Bond St *Address,* 241 S. Eutaw

J. Thomas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57249

Office of Registrar of Vital Statistics,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Sams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No. Biddle Street

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) Inflamation of the brain

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 18

Undertaker, [illegible]

Place of Business, [illegible]

Milton N Taylor M.D.,
Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 54250

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Earhart

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Jasper, Jasper County Indiana.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} Cor. Lanvale & division sts. Balto.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) "

Duration of last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Bona Brea

Date of Burial, Jan 19th 1882

Undertaker, Andrews & Hodges

Place of Business, No 48 & 50 Druid Hill Ave

S. Baldwin M. D.
Medical Attendant.

Address, 152 Townsend st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

No. 52457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1882 Oclock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Spencer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* ~~—~~ *Months,* Sixteen (16) *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number} No 123 N. Sutton Street

Cause of Death {First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Collapse & Lung

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Jany 19th 1882

Undertaker, Delany & Mitchell

Place of Business, 55 & 57 Fayette St

P. S. Fitch M. D.
Medical Attendant.

Address, No 507 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1.18.82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Simpson

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 52 09 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} E. Shore Md

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number} 59 Clinton

Cause of Death {First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greselemon Md

Date of Burial, Jany 20 1882

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St

Address, 349 Lee

J. M. Eschmeier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2499 Turner

Board of Health, City of Baltimore,

Permit No. 52453

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Forbes Hicks

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 86 N Charles St.

Cause of Death, First, (Primary.) Cancer of Breast

Second, (Immediate.) Asthenia

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 19th January 1882

Alan P. Smith M.D.,
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St *Address,* 215 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57237 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1 day 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Dickman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number.} No 114 Warner St

Cause of death, First, (Primary,) Natural Diseases of Old Age

Second, (Immediate,)

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va.

Date of Burial, Jan. 20. 1882.

Undertaker, W. J. Pickner

Place of Business, 651 Eutaw St

L. C. Burch M. D.,
Medical Attendant.

Address, 15 / Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2806 Bank St

[OVER.]

Board of Health, City of Baltimore,

Permit No. 62255 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Bunner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 11 *Months,* 27 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 188 Columbia Av

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 22, 1882

Undertaker, W. J Fiestner

Place of Business, 651 Eutaw St.

John J Zitzer M. D.,
Medical Attendant.

Address, 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52456 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret B. Bulau

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 33 Gorsuch alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial Western Cem

Date of Burial, Jan 20th 1882

Undertaker, Julius Kochler

Place of Business, Sharp & Cross sts *Address,* 146 Hanover

Gordon Cook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Daughter of Louisa Fisher, Mother was ill some month ago with an ulcer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} woman, Cause, family destitute

Age, ~~_____~~ *Years,* 22 *Months,* ..... *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} Child

Occupation, Child

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 28 Lombard St rear over Stable

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 19th 1882

A L Shortzer *M.D.,*

Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 Front St

Address, 11 S. 4th St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health. City of Baltimore,

Permit No. 52458 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 16 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 102 Aisquith

Cause of death, First, (Primary,) Old age

Second, (Immediate;)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 20 1882

Undertaker, Jas P Byrne

Place of Business, 60 S Front St

D S Gaillard M. D.,
Medical Attendant.

Address, 7 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57259 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 Years —

Place of Death, {Give street and number.} Cor Light & Hill Sts —

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 20 1882

Undertaker, Jas A Byrne

Place of Business, 63 Hanover

Edw F Nicholson M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5/4260 *Office of Registrar of Vital Statistics.* Ward 7E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Higgins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland (28 yrs in America

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} Baltimore Infirmary

Cause of death, First, (Primary,) Cerebral Apoplexy

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 1 hr

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Jan. 20/82

Undertaker, H. Schultheis

Place of Business, Monumental Cemetery Address, 1711 Calvert St

Jesse Hall M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52,261 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No name Hieronemous

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 178. South Paca St

Cause of death, First, (Primary,) Premature-birth at 7 months.

Second, (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, Jan 19th 1882

Undertaker Lewis Hieronemus

Place of Business, 178 S. Paca St

A. C. Fox M. D.,
Medical Attendant.

Address, 467. W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2 S 02 [OVER.]

Board of Health, City of Baltimore,

Permit No. 52462 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 175 Columbia av

Cause of death, First, (Primary,)

Second, (Immediate,) Typhoid fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan. 20' 1882

Undertaker, L. B. Cook

Place of Business, 707 W. Balto St

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover Barn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52263 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt A Joyce

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 23 Bartlett

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 19 1882

Undertaker, J. B. Cook, } Jno D Blake M. D., Medical Attendant.

Place of Business, 707 N. Balto St } *Address,* 168 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37264 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Madison Jeffers

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, about 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Formerly a Lottery Agent

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 212 David Hill ave

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Chronic Dysentery with ulceration of bowels

Duration of Last Sickness, One year & three days

All the above information should be furnished by the Physician.

Place of Burial Fonden Park

Date of Burial, Jan 20 1882

Undertaker, C M Hazard

Place of Business, 201 Park ave

Elias C Price M. D.,
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57265 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Grace Shelton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} * 481 E. Chase St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Eclampsia

Duration of Last Sickness, Supposed to be 2 or 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Calvert Church Cemetery Harford County

Date of Burial, Jan. 20th 1882

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* * 305 N. Caroline St.

Geo. A. Hartman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57266 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Donnelly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 120 S. Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial St Peters Cemetery

Date of Burial, Jan 19th 1882

Undertaker, C. H. Krause } Thos A Steuart M. D.,

Place of Business, Hanover St } Address, Comm of Health ~~& Registrar~~

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Per Exam'r. John E. Durdin

Board of Health, City of Baltimore,

Permit No. 54267 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th January 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Reeder

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 257 William

Cause of death, First, (Primary,) Pleurisy

Second, (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 20th 1882

Undertaker, Armstrong & Sons

Place of Business, 263 Light St

H W Mebler M. D.,
Medical Attendant.

Address, 87 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54268 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Richard Auld

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Six *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Crose out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot County, Maryland.

Duration of Residence in the City of Baltimore, Sixty Five years

Place of Death, {Give street and number.} No. 72 Fairmount Avenue

Cause of death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Clare and Cemetery

Date of Burial, January 20th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Wm. H. Cloudsley, M. D.,
Medical Attendant.

Address, No 107 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54269 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Tin shop-iron worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria, Va.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} * 312 E. Chase st

Cause of Death, First, (Primary,) Cerebral softening

Second, (Immediate,) Paralysis

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cem.

Date of Burial, Jan. 20. 1882

Undertaker, Wm H. Hickmon

Place of Business, 234 N. Gay St.

Geo. A. Hartman M. D.,
Medical Attendant.

Address, * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Eva Kaiser

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* / *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 6 yrs 3 mos 1 day

Place of Death, {Give street and number} 35 Gittings St

Cause of Death First, (Primary,)

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Jan. 20 1882

Robert S. Rowe M. D.
Medical Attendant.

Undertaker, C. F. Evans

Place of Business, 204 Hanover *Address,* 323 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 52127 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Bistretzki

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia — 2 months

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and Number.} 412 S. Exeter St

Cause of Death, First, (Primary,) unknown

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Oheb Shalom Cem

Date of Burial, Jan 20th 1882

Undertaker, Wm Eclair

Place of Business, 101 Gough St

Edwin F. Cleaves M. D.,
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Edwin F. Cleaves M. D. [over]

Board of Health, City of Baltimore,

Permit No. 37272 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice N. Daniel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 18 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 659 W. Fayette St

Cause of Death, First, (Primary.)

Second, (Immediate) Acute Hydrocephalus

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 21st 1882

Undertaker, John L Marston

Place of Business, 150 Camden

Geo. N. Benson M.D.,
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54273 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 20 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Leester.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bank Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 238 Linden Aven

Cause of death, First, (Primary,) Paralysis — Organic disease of the Brain (Softning)

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cty

Date of Burial, January 20th 1882

Undertaker, John S Meeker

Place of Business, Park & Fayette St

J H Mowry M. D.,
Medical Attendant.

Address, 176 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth: as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52274 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Lawrence M. Wilson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~Years,~~ 11 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} # 585 N. Gay St.

Cause of Death, First, (Primary,) Mentraneous croup

Second, (Immediate,) Apnoea

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Church Cemetery Harford County

Date of Burial, Jan. 20th 1882 } Geo. A. Hartman M. D.

Undertaker, Adam Fink } Medical Attendant.

Place of Business, 461 N. Gay St. } *Address,* # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 52475 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 9 *Months,* 20 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 5 years 8 mo 17 Days

Place of Death, {Give street and number.} 189 Lemmon Av

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Apnea

Duration of Last Sickness, 30 Days

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial January 20

Undertaker, Hercules Ross

Place of Business, 1 Conway St

A. B. Colburn M.D.,
Medical Attendant.

Address, 343 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

803 Hanover

Board of Health, City of Baltimore,

Permit No. 52476 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kamper

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, colored

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 94½ Styles St -

Cause of Death, First, (Primary.) Consumption ✓

Second, (Immediate.)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery | Geo S Kammon M.D.,

Date of Burial, Jan 21 1882 | Medical Attendant.

Undertaker, W H Chase | Address, 73 E Pratt St.

Place of Business, 98 Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Edward Taylor

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* five *Months,* ..... *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 20. Forgan alley

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) }

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery H S Bowie M. D.

Date of Burial, Jan 20th 1882 Medical Attendant.

Undertaker, Wm H Bishop Jr *Address* 210 N Howard St

Place of Business, 97 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5742.78 *Office of Registrar of Vital Statistics.* Ward 20 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inv Joseph Brookes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 13 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Infant Asylum

Cause of death, First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 20th

Undertaker, George Schilling

Place of Business, Ashland Ave

Maybury Brewer M. D.,
Medical Attendant

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 37479 *Office of Registrar of Vital Statistics.* Ward 19 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Morrow

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} S. Patterson ave

Cause of Death, First, (Primary,)

Second, (Immediate.) Insanition

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Jan 20th 1882

Undertaker, Jos. F. Byrne

Place of Business, Liberty St

Thos A Clemens M. D.,
~~Medical Attendant~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by Rev. D. Gill

Board of Health, City of Baltimore,

Permit No. 52280

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel. G. Gambrill

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 10 *Days.*

Color, white

Married, Single, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 386 N. Charles St.

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.) Laryngo. Tracheal Diphtheria.

Duration of Last Sickness, Sundays.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 21st January 1882

Riggin Bucklen M.D.,
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 135 N. Charles

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52181 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Mary William

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 154 N. Gay St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Apnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 20th 1882

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

John J. Kirwin, *M. D.,*
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57282 *Office of Registrar of Vital Statistics.* Ward 7 1/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or earlier, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Janu 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Friedenberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* Two (2) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No. 1 Somerset Pl

Cause of death, First, (Primary,) Not Born or Delivered by Physician (Trismus Neonatorum)

Second, (Immediate,) Atelectasis Pulmonum

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Old Bethania Cem N/C

Date of Burial, Janu 21, 1882

Undertaker, Henry Hecht

Place of Business, 309 Central Ave

S. W. Nelson M. D.,
Medical Attendant.

Address, 10 E Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52483

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 19 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Barker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant Accountant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 N Charles

Cause of Death, First, (Primary.) Congestion of Lungs — Typhoid Condition - (Disseminated Tubercle?)

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jany 21st 1882

Richard Mackenzie M.D.,
Medical Attendant.

Undertaker, Jno H. Weaver & Co

Place of Business, 2211 Fayette *Address,* 189 N Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52284

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horatio Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Weaver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Brookville Montgomery Co Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 129 E. Lombard St

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Dropsy of the heart.

Duration of Last Sickness, About four months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jany 22d 1881

Undertaker, Jno H Weaver

Place of Business, X22 Fayette St

Milton N. Taylor M.D.,
Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57285

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan: 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza P. S. Jones

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~ *Widow* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No. 92 Caldwell St

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.) Paralysis

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Phila Pa.

Date of Burial, 21st January 1882

H. P. C. Wilson Jr. M.D.,
Medical Attendant.

Undertaker, W. W. Jenkins Son

Place of Business, 75 N. Charles St. *Address,* 146 Park Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 52486 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19 1882

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) John R. Crossell

Sex, Male or ~~Female~~, (Cross out the word not required in this line.)

Age, 21 *Years,* 6 *Months,* 27 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, (Cross out the word not required in this line.)

Occupation, Telephone Operator

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Pa

Duration of Residence in the City of Baltimore, 10 years

Place of Death, (Give street and Number.) 77 Camden

Cause of Death, First, (Primary,) Hemorrhage from the Lungs

Second, (Immediate,) Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Jan 21

Undertaker, [illegible]

Place of Business, [illegible]

Theodore Ent M. D.
Medical Attendant.

Address, 146 Hanover Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32487 *Office of Registrar of Vital Statistics.* Ward 21 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Fayhuly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chicago

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and Number.} N. E. Cor. Aun & Alice Anna Sts

Cause of Death, First, (Primary,) Variola

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Jan. 20th 1882

Undertaker, Conrad Schuh

Place of Business, 265 Alice Anna St. *Address,* 614 Broadway

James F. Shaw M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MEAT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of pareuts.} Joseph S Stewart

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 52 - 6 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married ~~Sin~~

Occupation, Attorney at Law

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, {Give street and number.} 149 Carrollton ave

Cause of Death, First (Primary,) Genral Anasarca of Cardiac origin

Second (Immediate,) Embolism -

Duration of Last Sickness, Some 7-9- Months

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Jany 21 " 1882

Undertaker, Denny & Mitchell

Place of Business, 57 W Fayette St

W. H. Kemp M.D.
Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57289 136 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and as soon as if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Ernest Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 11 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Teacher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West River A. A. Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 61 N. Exeter St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, Sick all his life Ill 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 22nd 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Jno. F. Powell. M.D.,
Medical Attendant.

Address, 227 Caudlen Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52/290 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, January 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Eliz" Stevenson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 33 *Months,* ..... *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 144 E. Fayette

Cause of death, First, (Primary.) Phthisis & Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 21st 1882

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St.

Chas B Reynolds M. D., Medical Attendant.

Address, Calvert & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 02491 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Lackey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 226 Hudson St

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) Cataracts

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, January 20 1882

Undertaker, C. C. Sanders & Son

Place of Business 252 Canton Av *Address,*

J. H. Martin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 52492 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Shirt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, Black

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 13 Indies Alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Phtisis Pulmonalis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 20 1882

Undertaker, Jacob Jones

Place of Business, 68 Eastern

Wm. E. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52493 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Short

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles County Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Nr 15 Inlaes alley

Cause of death, First, (Primary,) Tubercular Consumption

Second, (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan 20. 1882

Undertaker, John L. Jones

Place of Business, 63 Patterson

Wm. L. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54294 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula E. Pye

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 10 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 41 Lemmas alley

Cause of death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, G. Peters Cem

Date of Burial, Jan 20th 1882

Undertaker, John C. Jordan

Place of Business, 63 Pratt

Wm. E. Russell M. D.,
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54295 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fritz Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} J. H. Wolfe St near Biddle St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathew's German Cemetery

Date of Burial, January 20th 1882

Undertaker, J. K. Raring

Place of Business, 71 Orleans St

E. B. Tenby M. D.,
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57296 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MD. JAN 20 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danco Horsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 2 Norris alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 2 Norris alley near mosher —

Cause of death, First, (Primary,) .....

Second, (Immediate,) Scrofula

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 20 "1882

Undertaker, J. A. Kershner

Place of Business, Conroll Ave

M K Warner M. D.
Medical Attendant.

Address, Snider & Fervusen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 54297

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. the 19th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J. Logan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Twenty 4 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Mechanic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Fell's Valley

Duration of Residence in the City of Baltimore, Three years.

Place of Death, { Give street and number. } 654 E. Fayette

Cause of Death, { First, (Primary.) Pneumonia / Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 21 1882

Geo Buchman M.D.,
Medical Attendant.

{ *Undertaker,* John Kenedy

{ *Place of Business,* 382 Orleans St *Address,* Same

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 4 2 9 8

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Robeson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 56 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Captain (Seafaring man)

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} # 147 S. Ann. Balto. City

Cause of Death, First, (Primary.) Diabetes & Hypertroph Heart

Second, (Immediate.) Debility

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22/82

Wm H. Morris M.D.,
Medical Attendant.

Undertaker, Fry & Lee

Place of Business, 107 N Broadway *Address,* Balto E. Despensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie V. Wales.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 6 Chestnut St

Cause of Death {First, (Primary,) Unknown,
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 20 1882

Undertaker, Abram Wagner

Place of Business, 13 Saratoga

Jno. L. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57300 *Office of Registrar of Vital Statistics.* Ward 10

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1882,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen L Burnett

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty one *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 658 Lombard St.

Cause of Death, First. (Primary,) Phthisis Pulmonalis

Second. (Immediate,) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St. Peters

Date of Burial, Jan 21. 82, L. G. Smithson M. D.,

Undertaker, D. R. Cook Medical Attendant.

Place of Business, Balto. & Schroder *Address,* 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 37301 *Office of Registrar of Vital Statistics.* Ward 14.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet W Boyer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 9 Days

Place of Death, {Give street and Number.} University Hospital

Cause of Death, First, (Primary,) Cerebral Embolism

Second, (Immediate,) Asthenia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Rock Hall Kent Co.

Date of Burial, Jan. 21st 1882

Undertaker, J. B. Cook.

Place of Business, 707 N. Baltimore St *Address,* University Hospital

Hurst M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2805 Hurst [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Hawkins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* 4 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Sing W

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 11 Chapple st

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 11 Chapple st

Cause of Death, First, (Primary,) Malignant Tumor of left eye

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 21 82

Undertaker, Hemsley

Place of Business, 116 Orchard st

Geo W Stonis M. D.
Medical Attendant.

Address, Cor Strickland & Freedman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57303 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Lavinia Garfield Foote Jan 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color C L

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 2 Pace st Court

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 2 Pace st Court

Cause of death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 21st 1882

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry st

R. Winslow M. D.,

Medical Attendant.

Address, 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32,304

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *voluntarily filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 1882 January

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen Warren Compton

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ~~Years,~~ *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 1057 Leadenhall St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 57 Leadenhall St

Cause of Death, First, (Primary.) Convulsions or fits

Second, (Immediate.) Spasms

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, January 21

Undertaker, H. Ross

Place of Business, 25 Conway St

Monk *M.D.,*
Medical Attendant.

Address, 1036 Daniels

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52308 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Amelia A. Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty Eight *Years,* Ten *Months,* Five *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty Five Years

Place of Death, {Give street and number.} No. 1132 E. Fayette St.

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22 1882

Undertaker, Frey & Bro

Place of Business,

Wm H Chudnick M. D., Medical Attendant.

Address, Nr. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57306

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Young

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 110 E. Fayette st

Cause of Death, First, (Primary.) Bright's disease

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 22 - 1882

Undertaker, Thos. S Boyle

Place of Business, 606 Eastern

P. Pierre L. Dandridge M.D.,

Medical Attendant.

Address, 9 C. N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57307 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Maternité

Duration of Residence in the ~~City of Baltimore~~, Since 2 weeks

Place of Death, {Give street and number.} St Vincents Inf. Asylum

Cause of death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of Last Sickness, Three

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 20. 1882

Undertaker, Dr Shuham

Place of Business, 156 Division St.

Charbury Brewer M. D.,
Medical Attendant.

Address, 98 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

Permit No. 52308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis H. Ulrich

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 292 Hanover St

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Convulsions

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 22 2

Undertaker, H. Boiele

Place of Business, Hanover St 81

Wm Goubel M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 54309 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21 " 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Melvina at John W. Gibson & Parents

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 398 Orleans St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Inanition

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial Deals Island Somers Co

Date of Burial, Jan 22 1882

Undertaker, John W. Gibson

Place of Business, 398 Orleans

James A Steuart M.D., Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2506. Transit Exam by Jos P. Smith M.D.

Board of Health, City of Baltimore,

Permit No. 54310

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20 — 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Kelly

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 5 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 21 Hopton st

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) .....

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters | H. D. Hurst

Date of Burial, January 22nd 1882 | *M.D.,* Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 W. Baltimore | *Address,* .....

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57311 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 21st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfrey Kirchoff Sr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Werlemburg, Germany,

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, {Give street and number.} 31 N. Schroeder St

Cause of death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,)

Duration of Last Sickness, 4 Months,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 23' 1882

Undertaker, J. B. Cook

Place of Business. 707 W. Balto. St

John J. Kriegel M. D.,
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 12/312 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millard S. Colburn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 92 Johnson St. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 92 Johnson St. City.

Cause of Death, First, (Primary.) Pneumonitis

Second, (Immediate.) "

Duration of Last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Lauder Park Cemetery

Date of Burial, January 21

J. G. Wilkinson, *M.D.,*
Medical Attendant.

Undertaker, B. Hurle

Place of Business, 42 West St *Address,* Fayette & Pine Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52313

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JAN 21 1882
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Reckler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany Abt 30 Years

Duration of Residence in the City of Baltimore, Abt 30 Years

Place of Death, {Give street and number.} 259 Little Alley Aun St

Cause of Death, First, (Primary.) Heart Disease (suffocation)

Second, (Immediate.)

Duration of Last Sickness, Sudden Died

All the above information should be furnished by the Physician.

Place of Burial, St. Johannes Cem.

Date of Burial, Jan. 22 1882

Undertaker, G. France

Place of Business, Pan & Wolf Sts. *Address,* [illegible]

Chas. H. Mahr M.D.,
Medical Attendant.
Coroner's

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52314 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JA 22 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 1.30 AM Friday Jan 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanu Czymsalman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~29 Streeper St~~ since birth

Place of Death, {Give street and number.} 29 Streeper St

Cause of death, First, (Primary,) Malarial fever

Second, (Immediate,) Congestion of heart and lungs ✓

Duration of Last Sickness, About two Month

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Jan. 23rd 82

Undertaker, G. Franco

Place of Business, cor. Pan & Wolf Sts *Address,* 28 O Donnell St

J E Prichard M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57315

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 21 1882 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 19th Jan 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sears

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 154 Lee st

Cause of Death, First, (Primary.) Convulsions or fits

Second, (Immediate.) Spasms

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loan Cemetery

Date of Burial, Jan 20

Undertaker, Abraham Krayman

Place of Business, 138 Saratoga

[signature] *M.D.,*

Medical Attendant.

Address, 1036 Davis st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54316 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Robinson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 73 Chestnut St

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Marasmus

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 23rd 1882

Undertaker, C. A. White

Place of Business, 35 Granby St

Thos A Shute M. D.,
Medical Attendant.

Address. Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by - I. P. Smith M.D.
CORR.

Board of Health, City of Baltimore,

Permit No. 52317 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 20/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary T. Fogerty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty (30) Years.

Place of Death. {Give street and number.} X 24 Hanover Street

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of Last Sickness, Six (6) Months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 22nd 1882

Undertaker, James D Byrne

Place of Business, No 63 N Howard St

A. V. Shein M. D.,
Medical Attendant.

Address, 38 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57318 *Office of Registrar of Vital Statistics.* Ward 15 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1882 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 21 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Adams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 276 S. Charles st

Cause of death, First, (Primary,) Renal Disease

Second, (Immediate,) Septicemia Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetery

Date of Burial, Jan 23rd

Undertaker, A. V. Dale

Place of Business, 131 Hanover st

W. F. Ellis M. D.,
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

S 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...an who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ht hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ...n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...eath, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57319

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McGee

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 McDermit Court

Cause of Death, First, (Primary.)

Second, (Immediate.) Trismus Neonatorum

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 21st 1880

Frank Moyer M.D.,
Medical Attendant.

Undertaker, Jas O Byrne

Place of Business, 63 Fremont *Address,* 45 High St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52320 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 41 E. High St

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 23d 1882

Undertaker, Jas P Byrne

Place of Business, Front St

Edw J. Mulvena M. D.,
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 32321 *Office of Registrar of Vital Statistics.* Ward 6 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Clemens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 85 Orleans St

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. Cem

Date of Burial, Jan 24th 1882

Undertaker, Thos L Locker

Place of Business, 47 E Fayette st

D A Gross M. D.,
Medical Attendant.

Address, 157 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa A. Washington

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 15 *Months,* 12 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co. Virginia

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number.} 188½ Tyson St.

Cause of Death, First (Primary,) Probably Scrofula

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 22nd 1882

Undertaker, Mrs. A. Beebe Jr.

Place of Business, 97 Druid Hill av.

I. E. Lindsay M. D.
Medical Attendant.

Address 167 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 54323

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa J. Thompson.

Sex, Male or Female, { cross out the word not required in this line. } ——

Age, —— *Years,* 5 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Maryland.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number } No 16 Oliver St.

Cause of Death, First, (Primary,) Cyanosis.

Second, (Immediate,) Asphyxia.

Duration of last Sickness, Six hours.

All the above information should be furnished by the Physician.

Place of Burial, Cockeysville Balto Co. Md.

Date of Burial, 22nd January 1882 E. Cleveland Case M. D.

Medical Attendant.

Undertaker, W. W. Jenkins Son

Place of Business, 75 N. Charles St. *Address,* No 4 North Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 49 yrs

Place of Death, {Give street and number.} 127 St Paul St

Cause of Death, {First (Primary,) Old age
Second (Immediate,) General wear out of Machinery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 23rd Jany. 1882

Undertaker, H. W. Jenkins Son

Place of Business, 75 N. Charles St

L. McLane Tiffany M. D.
Medical Attendant.

Address 31 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 52325 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Seigler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and Number.} 252 Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial St. Mathey Cem

Date of Burial, Jan 22d 1882

Undertaker, Julius Koehler

Place of Business Sharp & Cross sts *Address,* 116 Hanover st

Moore Carter M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 54320

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ford

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* *Months,* *Days.*

Color, B

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} 25 Whatcoat

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,)

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 22 82

Undertaker,

Place of Business, Woodland

G. Winters M. D.
Medical Attendant.

Address, Cor Stricker & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32/327 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Freitag

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 6 *Years,* 8 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and Number. } 317 York St.

Cause of Death, First. (Primary.) nukumm

Second. (Immediate.) Cachexia of Liver

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 24th

Undertaker, H Brick

Place of Business, Fremont & Ostend Sts.

Wm. H. Smith. M. D., Medical Attendant.

Address, 313 E. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 521328 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Coyne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carman on Thrist.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland 31 years in U.S.

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} 5 McMechin St.

Cause of Death, First, (Primary.) Tuberculosis. Phthisis

Second, (Immediate.) Pulmonary Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Jan 23rd 1882

Undertaker, Jos F Byrne

Place of Business, 529 N Eutaw St

Mc Cuan Bibbins M.D.,
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57329 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Loefner,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widower

Occupation, Stoner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} 53 S. Wolf St.

Cause of Death, First, (Primary,) Pulmonary Consumption.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, 23 January

Undertaker, Wm Hartman

Place of Business, Carson Saxe & Co's *Address,* 94 S. Broadway

George A. Rohé M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 37330 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

Date of Death, January 22nd 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ruzicka

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 Anthony

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) L. Croup.

Duration of Last Sickness, 7 or 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alfansus

Date of Burial, 23 January

Undertaker, Adam Fink

Place of Business, 461 W Gay St

L. Ulbrich M. D.,
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52331

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Hintze

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 1 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number.} 82 Towson st

Cause of Death, First, (Primary.) Bronchial Catarrh

Second, (Immediate.)

Duration of Last Sickness, 17 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Evangelic Cem.

Date of Burial, January 22nd 1882

P. S. Daniel *M.D.,*
Medical Attendant.

Undertaker, Henry Sander & Son

Place of Business, 252 Canton ave *Address,* 271 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57332. *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Garris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 25 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 134 Carolina St (S

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Mem.

Date of Burial, Jan. 23d, 1882

Undertaker, Henry Sander & Son

Place of Business, 252 Canton Ave

R. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 62333

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Dempsey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 325 William St

Cause of Death, First, (Primary.)

Second, (Immediate.) Membraneous Croup 3 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hole Grove Cemetery

Date of Burial, January 23.

Undertaker, B. Hale

Place of Business, 482 West St.

Geo H. Dixon M.D.,
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ltimore,

...ance will be issued, Saturday of each week.

This Permit Must, in all Cases, Accompany the body to its Destination.

Permit No. 52334

The Physician who attended any person in a last i... his Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four* hours after ... death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Demsley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 325 William St

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of Last Sickness, 5 Day

All the above information should be furnished by the Physician.

Place of Burial, Hole Green Cemetery

Date of Burial, January 23

Undertaker, B. Hertle

Place of Business, 182 West St

Geo. H. Denson M.D.,
Medical Attendant.

Address, 149 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52335 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1902 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1902

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Jolly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 12 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 Yr 12

Place of Death, {Give street and number.} 111 York st

Cause of death, First, (Primary,) Pneumonia,

Second, (Immediate,) Apnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, January 23

Undertaker, H Ross

Place of Business, 95 Conway St

[illegible] M. D.,
Medical Attendant.

Address, 23 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Achille A Laroque

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 231 Biddle

Cause of Death, {First (Primary,) Heart disease} {Second (Immediate,) Dropsy. -}

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount Cemetery~~ ~~Old Cathedral~~ Old Cathedral

Date of Burial, Jan 23d 1882

Undertaker, Thos. J. Hughes.

Place of Business, cor Balto. & Exeter

J. E. Chataud Jr M. D.
Medical Attendant.

Address 114 East ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan: 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Mullin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 99 McCulloh

Cause of Death, First, (Primary.) Phthysis Pulmon

Second, (Immediate.) Exhaustion

Duration of last Sickness, Years

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Green Mount Cemetery

Date of Burial, Jan: 24th 1882

Undertaker, Thos. S. Hughes

Place of Business, Cor Balto and Exeter Address, 187 W. Bidle

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

W. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 521338 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabetta Wendler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 hours *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 278 Columbia St

Cause of death, First, (Primary,) Cyanosis - Imperfect closure of the "Foramen Ovale"

Second, (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23

Undertaker, Ernst Schlosnagle

Place of Business, 200 Sharp St *Address,* 76 Shea St

J. H. Gurney M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimo

Permit No. 52339

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Annals

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation, ~~22 years~~ Carter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Taylors Island Dorchester Co.

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 47½ Dallas St.

Cause of Death, First, (Primary.) Disease of Heart valvular

Second, (Immediate.)

Duration of Last Sickness, 6 mo 21 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 23 1882

Undertaker, Jno J Locks

Place of Business, 473 Jefferson st

Geo A Kinnemon M.D.,
Medical Attendant.

Address, 73 E Balt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5743c40 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Howard

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 154 N. Spring St

Cause of death, First, (Primary.) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, January 29 1882

Undertaker, Chas A Hild

Place of Business, 35 Granby St *Address,* 137 Orleans St

J. H. Buck M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57/341 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Gilpin Register

Sex, ~~*Male or*~~ *Female,* {Cross out the word not reqnired in this line.}

Age, ... *Years,* ..... *Months,* 17 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not reqnired in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 139 Dolphin St

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) "

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Jany 23rd 1882

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

J W Knowles M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52342 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard L. Murray

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 173 N. Gilmor

Cause of death, First, (Primary,) Tuberculer Meningitis

Second, (Immediate,) Paralysis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan. 23d / 82

Undertaker, Bpn. Storer.

Place of Business, 202 N. Eutaw St.

John D. King M. D.,
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6743 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Infant~~ Lilly Bateman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 223 Light st

Cause of Death, First, (Primary.)

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial W L Olivet

Date of Burial, Jan 23. 2 oclock

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery

Theodore Cotta M. D., Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 52

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A. Bayliss

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* None — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 209 Ramsay St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 23rd 1882

P. F. Priestley M. D.
Medical Attendant.

Undertaker, Mrs C. Kummerer

Place of Business, 317 Mulberry St *Address,* 827 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mable Blanch Combs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 mos 5 ~~Days~~

Color, white

Married, Single, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number.} 517 Saratoga

Cause of Death, First, (Primary.)

Second, (Immediate.) Eclampsia

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan. 23rd 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

H. H. Thomas M.D.,
Medical Attendant.

Address, 143 N Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57346

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard L. Dean

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 9 — *Days.*

Color, White —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 112 South Fulton Av. Balto.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 940 West Balto. St.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 4 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Jan. 23' 1882

Undertaker, J. B. Cook.

Place of Business, 707 W. Balto. St.

R. H. Goldsmith, M.D.,
Medical Attendant.

Address, Harlem av. and Calhoun.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52349 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zilpha Bailey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 4 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rome New York

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 228 McCulloh St ✓

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial Laudon Park

Date of Burial, January 24/82

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. *Address,* 317 Madison Ave

Calvin Thomas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Morgan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* One *Days,*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 317 N. Howard St.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 317 N Howard St

Cause of Death, { First (Primary,) ____ / Second (Immediate,) Cyanosis

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St Johns Churchyard

Date of Burial, Jan. 23d

{ *Undertaker,* Ch. Scriven / *Place of Business,* 317 N. Eutaw St

S. K. Merrick ____ *M. D.*
Medical Attendant.

Address 31 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57349 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ad Rose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Plum Row

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan. 23

Undertaker, G. H. Restrikson

Place of Business, 130 Henrietta St

U. S. Boyle M. D.,
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 57/350 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Sewell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} SW Cor Gilmor & McHenry St.

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 23d 1882

Undertaker, S. M. Leonard & Son

Place of Business, 762 W. Baltimore St *Address,*

W. Hegner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department

CITY HALL.

52/35/1

Baltimore Md. Jan 23 1892

HEALTH DEPARTMENT JAN 23 1892 BALTIMORE MD.

Permission is hereby given to Mr. Buhl Undertaker to remove the remains of William Bowman, aged 3 years, 6 mos. White. Male, born in Baltimore Place of death, 90 Ridgely Street Cause of death Small pox - Duration of last sickness 12 days Mos. Hines grant a permit and see that the Physician returns the certificate

Dr. L. H. & P. Fall -

Henry Buehl
Mount Olivet

Board of Health, City of Baltimore,

Permit No. 54332 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan" 21 - 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Morgan (Son of Edward Morgan (Friend

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 1/2 *Days.*

Color, ea

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 185 Lovee Ct

Cause of Death, { First, (Primary.) { Second, (Immediate.) Asthenia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan. 24 - 1882

Undertaker, Hercules Ross.

Place of Business,

James A Steuart M. D.,

~~Medical Attendant.~~

Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by Geo E Keeney

Board of Health, City of Baltimore,

Permit No. 54353 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Crampton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, " " "

Place of Death, {Give street and number.} 1425 Fonerk St.

Cause of death, First, (Primary,) Atelectasis Pulmonary Premature

Second, (Immediate,) birth — 7 D. Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Jan 23d 1882

Undertaker, Henry H. Mears

Place of Business, 415 N. Gay St

J. L. Mistler M. D.,
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 543574 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPT. JAN 25 1882 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie L. Ann Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, / *Years,* / *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give street and number.} 65 Church St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Lethargia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 24 1881

Undertaker, Samuel N Grant

Place of Business, 42 Monroe

W. S. Booze. M. D.,
Medical Attendant.

Address, 206 Eagle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57,353. *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Sullivan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 33 S Front

Cause of death, First, (Primary,) Glosso-labio-Laryngeal Paralysis

Second, (Immediate,) Starvation — Exhaustion —

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemy

Date of Burial, Jan 23d 1882

Undertaker, Jas A Byrne

Place of Business, Front St

Geo B Reynolds M. D.,
Medical Attendant.

Address, Calvert & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

[illegible]y Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 32356 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, ... *Years,* [illegible] *Months,* ..... *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number.} [illegible]

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Jan 24th 1882

Undertaker, J. C. Schultz

Place of Business, 26 West Pratt Address, [illegible]

[illegible] *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52357 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore Jan. 22nd 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Rena~~ Bernice Mary Amanda Billingslea

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* ~~1~~ 11 *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 352 Franklin

Cause of death, First, (Primary,) Congestion Brain

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan 24th 1882

Undertaker, Wm. H. Rudgan

Place of Business, 21 Hollins St

Louis Chatkon M. D.,
Medical Attendant.

Address, 226 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52358 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22/82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Codd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 12 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 23 Lemmon

Cause of death, First, (Primary,)

Second, (Immediate,) Scarlet Fever,

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 24th 1882

Undertaker, Matthew Gibbons

Place of Business, 39 Hanover St

H. L. Shuck M. D.,
Medical Attendant.

Address, 287 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57359

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Farrington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 20 Wilcox St.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.) One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 25 Jan.

Undertaker, H. C. Ironfield

Place of Business, 90 Greenmount *Address,*

Jno. Brooke Boyle *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 57360

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1882 BALTIMORE

Date of Death, Jan. 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Nelson.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 6 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 57 Booth St.

Cause of Death, First, (Primary.) Child probably born prematurely,

Second, (Immediate.) Convulsions. Had no attendance,

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 23 1882

Undertaker, or C. Allen Scott

Place of Business, 26 Boyd St

H. K. Webner M.D.,

Medical Attendant.

Address, 198 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt.

Permit No. 52361

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Schieck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 20 Years

Place of Death, {Give street and number.} 186 Eastern Avenue

Cause of Death, First, (Primary.) Heart Disease (consumption)

Second, (Immediate.) Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Cem

Date of Burial, January 24

Undertaker, Odd Fellows

Place of Business, 157 S Bond

Chas. M. Wolff *M.D.*,
Medical Attendant.

Cor E & O

Address, 67 S Bulls Pt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57362 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *incorrectly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 22 - 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hall England

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md. City

Duration of Residence in the City of Baltimore, 2 - 61

Place of Death, {Give street and number.} 617 Light St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia / Cerebral Paralysis

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, January 24, 82

Undertaker, W. J. Bickner

Place of Business, 65 S. Eutaw St.

E. H. Ellis M. D.,
Medical Attendant.

Address, 31 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 54363 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Jan 22nd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Dickie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 508 N. Wolf St.

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem.

Date of Burial, Jan. 24th 82

Undertaker, G. Trance

Place of Business, Bank & Wolf Sts. *Address,* 25½ Gouvernment Ave.

Wilmer Brinton M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 5 2 3 6 4 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d January 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Thompson -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifty two (52) *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Painter -

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, about Twenty five years.

Place of Death, {Give street and number.} 204 Asquith St. Baltimore Md.

Cause of Death, First, (Primary.) Cancer of the Pylorus & liver. (was the diagnosis)

Second, (Immediate.) Rupture of an abscess in peritoneum

Duration of Last Sickness, About Six Months - Since he complained -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 25th Januar

Undertaker, Adam Fink

Place of Business, 461 W Baltimore St

W Crean Bibbs M.D.,
Medical Attendant.

Address, 47 Franklin St -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52365 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant unnamed, give name of parents.} Edgar R. Crouch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3. *Years,* 11 *Months,* 6. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} Cor York St

Cause of Death, First, (Primary.) Glon Read in Bronchis

Second, (Immediate.) Capillary Bronchitis

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial, January 25th

Undertaker, B. Hurley

Place of Business, 82 West *Address,* 146 Hanover

Thomas Cottee M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. C

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57366.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd. 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genevieve Hegmann.

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 218 Williams Street.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate,)

Duration of last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 24

Undertaker, B. Hurle

Place of Business, 82 West Pt. *Address,* 339 Light St.

J. O. Harrington, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

... J. S. DUBANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eva Heim

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 41 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 19 Butler Alley

Cause of Death First, (Primary.) Retrovay. Hematocele

Second, (Immediate,) Anaemia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan. 25–1882

Undertaker, A. Waltermeier

Place of Business, 518½ W. Balto. St.

Wm Gentsch M. D.
Medical Attendant.

Address, 1706 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

N.B. Immediate 4 hours before death.

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 52368

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdelena Schmitzer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 C 6 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years —

Place of Death, {Give street and number.} S Central Ave Above Adams & Stables

Cause of Death, First, (Primary.) Emphysema & Dropsey

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Jan 25th 1882

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave

John A Schultz and M.D.,
J Tyler Smith Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52369 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Hoffman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 29 Druid Hill Ave

Cause of death, First, (Primary,) Abcess in the Head.

Second, (Immediate,) Pus entering Larynx.

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jany 26th 1882

Undertaker, Andrews & Hodges

Place of Business, 46 Dolphin ave

S. H. Hamner M. D.,
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

7

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 54370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kirby

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number} 111 Lombard St

Cause of Death First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 25th 1882

Undertaker, Andrews & Hodges

Place of Business, 104 & 6 Druid Hill Ave

Medical Attendant, [illegible] M. D.

Address, 121 W. Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 62371 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nelle Horner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 5 *Years,* *Months,* *Days.*

Color, B

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. Co. Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 15 Bulton alley

Cause of death, First, (Primary,) Diphtheria malignant

Second, (Immediate,) Exposure

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 24 1882

Undertaker, S. Wehare

Place of Business, 172 Thurmid

A. H. Ellis M. D.,
Medical Attendant.

Address, 31 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 52372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1. 22. 92

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gabriel Singleton

Sex, Male or Female, { cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, B

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } 21 Gone

Cause of Death { First, (Primary.) Consumption

Second, (Immediate,) 6 mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jany 23 1892

Lewis M Eastman M. D.,
Medical Attendant.

Undertaker, S M Chase

Place of Business, 149 Lanvale St

Address, 349 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32733 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wallis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Infant ✓

Place of Death, {Give street and number.} 106 N. Central Av.

Cause of death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Jan 24 1882

Undertaker, Jas P Byrne

Place of Business, 68 Fayette

Edward P Miller M. D.,
Medical Attendant.

Address, 69 N. Gaddenth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57374 *Office of Registrar of Vital Statistics.* Ward 7 4/5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 - 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johns Slater

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, Five Years & 6 months

Place of Death, {Give street and number.} 230 N Durham St

Cause of death, First, (Primary,) Diphtheritis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Two Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23rd 1882

Undertaker, Theodore Locke

Place of Business, 73 Jefferson St

Geo F Taylor M. D.,
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32375

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel County Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 40 Spring Row

Cause of Death, First, (Primary.)

Second, (Immediate.) Brights

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 26th /82

Undertaker, G. France

Place of Business, Bantz & Wolf Sts.

Nicholas [illegible] M.D.,
Medical Attendant.

Address, 207 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52/376 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN. 25, 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenz Weinbrecht

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two (2) *Years,* Six (6) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 336 Orleans St

Cause of death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphs. Cemetery

Date of Burial, January 26th "82

Undertaker, C. A. Frank

Place of Business, Bank & Wolfe Sts., *Address,* 336 E. Orleans St.

E. Zollman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52377

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Yarish

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 291 Bond St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemet.

Date of Burial, January 25th 82

Undertaker, G. France

Place of Business, Bank & Front Sts

J. J. Sullivan M.D.,
Medical Attendant.

Address, 116 Thames St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 54378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Hellman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } Eager St (160 E)

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Ch

Date of Burial, January 25 1882

C S Thompson *M.D.,*

Medical Attendant.

Undertaker, Henry Hoeck & Son

Place of Business, 309 N. Eutaw St *Address,* No 138 Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 54379 *Office of Registrar of Vital Statistics.* Ward 6 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} 1

~~Occupation~~, Oyster man

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Galveston Texas

Duration of Residence in the City of Baltimore, Since a child

Place of Death, {Give street and number.} cor Canal St & Short Alley.

Cause of death, First, (Primary,) Congestion of the Liver

Second, (Immediate,) Peritonitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27th 1882

Undertaker, Abraham Wayman

Place of Business, 13 Sarah St.

A. V. Gazzolo M. D.,
Medical Attendant.

Address, 239 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57380 *Office of Registrar of Vital Statistics.* Ward 17 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday Morning Jan 23rd. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie D Eny

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months.* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 105 Sterling St.

Cause of death, First, (Primary,) Diphtheria.

Second, (Immediate,) Septicemia

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 25th

{*Undertaker,* Chas F Mills

Place of Business, 35 Granby} *Address,* 25 ½ Greenmount Ave, Wilmer Brinton M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 34[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5[illegible]381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24. 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Augusta Poist

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, [illegible]20 *Years,* 5 *Months,* 18 *Days.*

Color,

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 E. Lombard St.

Cause of Death, First, (Primary.) Uterine Hemorrhage

Second, (Immediate.)

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 26th 1882

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J. W. C. Cuddy, M. D.
Medical Attendant.

Address, 107 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [or...

[illegible] J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 32382 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Wilk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 1/2 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and Number.} 102 Eastern Ave.

Cause of Death, First, (Primary,) Variola.

Second, (Immediate,) Meningitis.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Locust Point

Date of Burial, January 25th 1882

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

George A. Rohe' M. D., Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 52383 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 6 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 4 Rapel Court Lane

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shaw Cemetery

Date of Burial, Jan 25

Undertaker, John H. Owens

Place of Business, 154 Lee St

W. H. Ellis *M. D.,*
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52384 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23. 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Antone Giblina

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laboner

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany - 15 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Cor. Ramsey & Parish Sts

Cause of Death, { First, (Primary,) Heart Disease
Second, (Immediate,) A few moments

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsas Lane,

Date of Burial, Jan. 26. 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

Alexander Tinsley M. D., Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 54385 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Forty one *Years,* five *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co., Md.

Duration of Residence in the City of Baltimore, Twenty Eight Years

Place of Death, {Give street and Number.} 389 W. Lombard St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Measles with Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial "London Park"

Date of Burial, Jan'y 29th 1882,

Undertaker, J. B. Corbit

Place of Business, 707 Balto. St. *Address,*

Chas. Guthrie M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52/386 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harris — {Geo W & Mary E. Harris Parents}

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ One hour ~~Months,~~ ~~Days.~~

Color, Brown

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No. 68 Biddle al.

Duration of Residence in the City of Baltimore, one hour

Place of Death, {Give street and number.} No. 68 Biddle al.

Cause of death, First, (Primary,) Premature birth

Second, (Immediate,) Exanition

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 25th 1882

Undertaker, A. Giles

Place of Business, —

F. B. Gardner M. D.,
Medical Attendant.

Address, 120 N. Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57387 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 23 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kasten

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 17 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 5 Winter St

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheria of Nares & Fauces

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 26th 1882

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address,* .....

D Tilden *M. D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57388

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 June 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7½ *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} Asylum of the Little Sisters of the Poor cor. John and Valley Streets

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, 26th June 1882

Undertaker, Henry Schelthein

Place of Business,

Dr Brooke Boyle *M.D.,*

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 57389

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th. 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. S. Wilson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 62 *Years,* 2 *Months,* 11 *Days.*

Color, W.

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 53 Paskus Street

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Sev days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemet

Date of Burial, Jany 26 - 1882

Chas. H. Huff M. D.
Medical Attendant.

Undertaker, Denny & Whitehead

Place of Business, 550 W. Fayette St *Address,* 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant child of M. D. & Margaret Tyson

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 15 minutes ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 141 Lanvale St

Cause of Death, { First (Primary,) Mal-nutrition. Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Grand Rapids Ohio

Date of Burial, Jany 25 82

E. Lindsay M. D.
Medical Attendant.

Undertaker,

Place of Business, STEWART & MOWEN UNDERTAKERS 56 PARK AVE.

Address 167 Park av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 54391 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex & Annie W. Williams Parents

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} "

Age, ——— *Years,* ——— *Months,* 1/12 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 123 St. Paul St

Cause of Death, First, (Primary;) Premature Birth

Second, (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 26 "1882 Edward H. Harris M. D.,

Undertaker, C. H. Bishop Medical Examiner.

Place of Business, 97 Druid Hill Ave *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by B. S. 98

Board of Health, City of Baltimore.

Permit No. 52392 Office of Registrar of Vital Statistics. Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1892 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Harris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 237 Cross St

Cause of death, First, (Primary.) Pneumonia

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 26th Jan 92

Undertaker, Enoch Pratt

Place of Business, 180 Hanover

W. S. Bowie M. D.,
Medical Attendant.

Address, 256 Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52393

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Wells

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 4 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City — V

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 251 So Eutaw St

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Convulsions —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jany 25th 1882

Undertaker, Geo Peters & Bro as

Place of Business, 130 Henrietta

Geo A Beall M.D.,
Medical Attendant

Coroner & Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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Board of Health, City of Baltimore,

Permit No. 54394 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa E. Sara

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 117 Gough St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions.

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 25

Undertaker, Newell Dyal

Place of Business, 1 Bond St *Address,* 94 S. Broadway

A. F. Erich M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52395 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Bollman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 22 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 217 Conway St

Cause of death, First, (Primary,) Chronic Cystitis

Second, (Immediate,)

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan. 27th 1882

Undertaker, Wm J. Ticknor

Place of Business, 65 S. Eutaw St

A. C. Bench M. D.,
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 52396 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella White

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia 11 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 90 N. Bond St

Cause of Death, First, (Primary.) Carbuncles

Second, (Immediate.) Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, January 26. 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Samuel A. Powell M.D.,
Medical Attendant.

Address, No 29 Fairmount St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 52397

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~*accurately filled out*~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1882

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Rachel W. ~~Della~~ Whedbee

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* One *Days*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 90 N Bond Street

Cause of Death, First, (Primary) (Period of Utero gestation 8 Months)

Second, (Immediate.) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 26. 1882

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Saml. C. Powell M.D.,
Medical Attendant.

Address, 1 N Exeter & Fayette Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57398 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Gebhart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 31 Booth St

Cause of death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem. Irvington Rd

Date of Burial, Jan. 26' 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St

H. F. Hill M. D.,
Medical Attendant.

Address, 1443 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 57399

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 1882 BALTIMORE

Permit No. 57399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Buckley

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 Yrs

Place of Death, { Give street and number } 95 S. Exeter

Cause of Death, First, (Primary.) Phthysis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 13 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 26th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St.

Tho. S. Latimer M. D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUDANY & CO. ... AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 32400 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Boud

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* Six (6) *Months,* Four (4) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} S E Cor Broadway & Madison

Cause of death, First, (Primary,) Scarlatina maligna

Second, (Immediate,) Erysipelas (Temp 107.3) Septicemia

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 27th 1882

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

C. Worthington M. D.,

Medical Attendant.

Address, 1 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]